Approved 13 March 2025

NHS
Nottingham and Nottinghamshire

Nottingham and Nottinghamshire NHS Joint Forward Plan 2025/26

2025 - 2030

Our NHS Joint Forward Plan for Nottingham and Nottinghamshire has been developed with our NHS statutory partners.

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

NHS
Nottingham University Hospitals
NHS Trust

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

NHS
Nottinghamshire Healthcare
NHS Foundation Trust

NHS
East Midlands Ambulance Service
NHS Trust

The plan has also been developed with our wider stakeholder community. Special thanks to the following partners for their support including the VCSE Alliance.

Bassetlaw Place-Based Partnership

Mid-Nottinghamshire Place-Based Partnership

Nottingham City Place-Based Partnership

South Nottinghamshire Place-Based Partnership

NHS England

Nottinghamshire County Council

CityCare

Nottingham City Council

Foreword from our Chief Executives

This document is a ‘light touch’ refresh of the 2023-2027 Joint Forward Plan. It outlines the ongoing commitment of NHS organisations to work collaboratively with partners across our Integrated Care System to the achieve the ambitions of the 2025/26 Integrated Care Strategy. This includes supporting people to live longer healthier lives and reducing health inequalities across Nottingham and Nottinghamshire so that every person will enjoy their best possible health and wellbeing.

This Joint Forward Plan refresh also considers how we will deliver NHS national planning and operational guidance in 2025/26. These delivery expectations adhere to our Integrated Care Strategy strategic principles of **promoting prevention, equity and integration in all that we do**. By conforming to these principles we also demonstrate our alignment with the emergent national policy ‘shifts’ of treatment to prevention, analogue to digital and hospital to home. As a light touch refresh this document provides only key delivery expectations for NHS organisations in 2025/26 (see pages 9-35). These plans signal the work we will do together primarily across NHS partners but often in conjunction with our local authorities, voluntary and community sector organisations, Place based Partnerships, local people and communities.

Delivery of these plans will continue to challenge us. We are experiencing increased demand for services from an increasingly older population with more complex needs. Our desire to constantly improve patient outcomes and address significant local patient safety and quality concerns, combined with our commitment to maintain financial balance means our focus must remain on meeting the demands of today as well as transforming services to meet the needs of our communities in the future. For NHS partners this will require an ongoing focus in 2025/26 on implementing our agreed transformation programmes and achieving associated efficiency and productivity gains. We will do this whilst also continuing to deliver national planning and operational expectations. We have made significant progress in 2024/25 and will build on this momentum of improvement into 2025/26. We applaud our dedicated staff, who continue to rise to this challenge, and display unwavering determination to provide the best possible care for local people within available resources.

The Local Government Reform agenda, the evolving work of the East Midlands Combined County Authority, and the anticipated NHS 10year Plan will also undoubtedly add further stimulus to transforming the way in which we operate during 2025/26 and beyond. We will of course continue to work together to respond innovatively to these dynamic circumstances but will remain steadfast in our commitment to our shared principles of **promoting prevention, equity and integration in all that we do**.

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How NHS organisations come together with partners across Nottingham and Nottinghamshire

Integrated Care System for Nottingham and Nottinghamshire (local NHS, councils and other partners)

VISION: Every person enjoys their best possible health and wellbeing

AIMS: Improve outcomes, value for money, reduce inequalities, support economic and social development

The Integrated Care Partnership (ICP) produces the system's **Integrated Care Strategy.**

The strategy promotes the principles of Prevention, Equity and Integration

There are also national priorities for the NHS.

An annual Operational Plan sets out NHS financial and operational 'must do's'.

NHS statutory bodies develop a **Joint Forward Plan** to set out how the NHS contributes to delivery of the Integrated Care Strategy. We have set out key delivery priorities in **this refresh** of the **Joint Forward Plan** for 2025/26.

Although we have significant challenges, partnership working has continued to lead to improved outcomes for people in 2024/25

Reflecting on successes from 2024/25

Examples of what we have achieved in 2024/25 across our NHS partners

PREVENTING PEOPLE FROM DEVELOPING CANCER
Targeted Lung Health Check (TLHC) expansion plans continue to be implemented. ICS has improved early diagnosis rates to 61%, above national average and highest in Midlands. This will improve further with expansion of TLHC and new Pancreatic Cancer Surveillance

BUILDING OUR INFRASTRUCTURE TO IMPROVE PEOPLES EXPERIENCES OF SERVICES
A co-located designated **Urgent Treatment Centre is now open at Queens Medical Centre.** Phase 1 went live in July 2024 – launching a new expanded inclusion criteria with an aim of increasing the number of patients streamed to the 'UTC'. Phase 2 commenced in October with the co-located UTC seeing, on average, an additional 40 patients per day above baseline. The co-located UTC is currently managing 120 patients per day, which represents a shift in the percentage of Emergency Department activity managed through this service from 17% to 22%.

SUPPORTING PEOPLE WITH MENTAL ILLNESS
Physical Health Checks for people with Severe Mental Illness (SMI) are ahead of trajectory. In 2024/25 the ICS target was 60%, which has been exceeded and is an improved position compared to the same time last year.

SUPPORTING PEOPLE WITH LEARNING DISABILITY
Broxtowe Learning Disability Collaborative designed and implemented a series of Learning Disability Health and Wellbeing Roadshows aimed at improving the outcomes and experiences of people with learning disabilities.

The roadshows provided a safe space for people with learning disabilities to have their voices heard and to share their experiences about what matters to them. They also encouraged uptake of the annual learning disability review.

TRANSFORMATION THROUGH DIGITAL AND IT INNOVATION
We continue to **be national leaders in the roll-out the NHS App and Patient Engagement Portal.** 58% of people are now accessing the App resulting in over 115,000 repeat prescriptions ordered monthly and 41,500 online consultations. Our target for 2025/26 is 75% accessing the App. We are saving 800 tonnes of cardon per yr in one hospital due to increased use of digital correspondence. Increased use of home monitors and sensors has meant smoother discharge for people and reduced the need for residential care.

RESPONDING TO URGENT CARE NEEDS
An **urgent care coordination hub** (UCCH) has been developed to act as a single point of access for health professionals. The hub receives an average of 290 calls transferred each week, of which, 61% of calls are managed without an emergency response.
The UCCH is also supporting more efficient use of other services. There has been an increase in calls resulting in a response from the urgent community response (UCR), increasing from 50% to 84% due to calls being made to the most appropriate service to support patients.

SUPPORTING PEOPLE WITH COMPLEX NEEDS
We have increased the number of **Winter Health Checks** to support high-risk chronic obstructive pulmonary disease (COPD) patients who are at risk of hospital admission (~9,000 patients). Self-management plans have now been put in place for 47.6% of patients compared to 32.8% of patients the previous year.

SUPPORTING CHILDREN AND YOUNG PEOPLE
100% of secondary schools and colleges and 70% of primary schools in Nottingham City now have a Mental Health Support team in place, with 79% and 40% respectively in Nottinghamshire County. Teams were prioritised to schools with greater health inequalities. The number of Support Teams will increase in 2025/26, with 100% coverage across all educational settings expected across City and County from 2029/30.

Further examples of how we have already started to meet the 3 national policy shifts of treatment to prevention, analogue to digital and hospital to home can be found in Appendix C.

Delivering for today: Our NHS delivery priorities for 2025/26

DELIVERING SUSTAINABILE SERVICES THAT MEET THE NEEDS OF OUR COMMUNITIES

In order to maintain resilience in meeting the needs of local communities, improving health outcomes and reducing health inequalities we need to ensure good financial stewardship. Partners have agreed ambitious plans for 2025/26 in response to significant financial sustainability challenges. The financial challenge requires a real-terms reduction in spend and efficiency delivery of c. £250m in 2025/26. In addition to savings of £25m already achieved, we are targeting £100m from system-wide transformation, £100m from organisational productivity and efficiency and £25m through reviews of commissioned services. We will continue to work collaboratively with our partners and our communities to deliver these efficiencies, making sure every penny of public money is spent as wisely as possible and supports us to achieve our strategic priorities outlined within our Nottingham and Nottinghamshire Integrated Care Strategy and this NHS Joint Forward Plan.

DELIVERING OUR TRANSFORMATIONAL PRIORITY PROGRAMMES

In response to this challenge NHS and local authority partners have confirmed key Transformation Programmes (see below). These are areas where we have identified the greatest opportunity to support improved care for people and ensure best use of our available resources. Detailed delivery plans are in place for these programmes. Progress on their implementation will be overseen by a system Transformation Delivery Group in 2025/26. In addition to this work, we have developed Delivery Plans for improving outcomes and transforming care across our wider NHS responsibilities. These delivery plans, alongside our Transformation Priority Programmes, all contribute to the delivery of the Joint Forward Plan. Summary versions of Delivery Plans are provided in Section 1. A Joint Forward Plan Oversight Group will monitor progress on delivery of the JFP.

- Frailty
- Urgent and Emergency Care
- Workforce
- Planned Care
- Community Transformation
- Best Value Opportunities
- Digital
- Medicines Optimisation
- Corporate Optimisation
- Estates and Facilities
- Procurement

Delivering for today: Our NHS delivery priorities for 2025/26

MAINTAINING FOCUS ON PREVENTION, INTEGRATION and EQUITY

The ‘golden thread’ of prevention, equity, and integration continues to run throughout these programmes of work. This light touch refresh of the JFP highlights those areas of work we will place greater emphasis on in 2025/26 to achieve even greater impact on population health outcomes and reduce health inequalities. We will deliver benefits in these areas through ongoing collaboration with our partners, local people and communities at neighbourhood, place and system level.

PREVENTION
Supporting people into good work or staying in employment
Promoting healthy eating and moving for good health
Supporting people to stop smoking
Proactive case finding and support for people with complex needs or are vulnerable (aligned with our CORE20+5 approach)
EQUITY
Supporting ‘best starts’ in life and implementing Keeping Children Safe and Helping Families Thrive initiatives
Supporting people experiencing severe multiple disadvantage
Use of population health management data and intelligence to inform our commissioning approach and use of resources
INTEGRATION
Development of integrated working across front line health and care staff in the form of Integrated Neighbourhood Health Teams
Continued roll out of ‘Making Every Contact Count’ to support people to access appropriate services

ACHIEVING NHS DELIVERY COMMITMENTS

Our Transformation Programmes and Delivery Plans also support achievement of national priorities set out by NHSE in 2025/26 Operational Planning Guidance. This includes improved access to urgent and emergency care and planned care, 4-hour emergency department waits, ambulance turnaround times, cancer, mental health waiting times, and improvements in productivity and efficiency. Delivery Plans also support our achievement of Primary Care national access standards (GP and dental care) and implementation of the new GP contract.

Key developments in digital, analytics and IT, estates and workforce planning will continue to be fundamental to the achievement of all our programmes of work in 2025/26 and beyond. This includes our ongoing promotion of digital maturity to enable sustainable transformation including digital communication with patients and promotion of the NHS App. It also means continuing initiatives to support a more flexible and agile workforce able to transition into more integrated ways of working.

Delivering transformation of our system to ensure a sustainable tomorrow

Through delivery of our priority transformation programmes and maintaining our collective focus on prevention, equity, and integration we will establish a firm foundation for future sustainability. Overall, our NHS landscape will look very different by March 2026. This changing landscape can be characterised in the following way:

Current	Changes beginning in 2025/26
Place Based Partnerships in place. Some well-developed integrated neighbourhood teams and integrated ways of working including at system level: Better Care Fund, End of Life Alliance, Primary Care Networks, Maternity, Mental Health, SEND and Safeguarding teams	Integrated neighbourhood teams (INTs) across all Places, with wrap around services tailored to specific population needs (physical and mental, all-age). NHS and partner resources aligned to INTs. Increased flexibility of acute staff to work in/with INTs to support people to stay well at home. Scope of INTs increasing to include all age, physical and mental health needs.
Place-based partnerships in place, developing vibrant multi-organizational partnership working contributing to improved health outcomes / reducing health inequalities	Whole public sector alliances and shared assets through INT and Place working. Places focussed on delivery of improvements in health and wellbeing/ prevention interventions based on building blocks of life which address health inequalities and promote equity.
NHS institutions beginning to collaborate, provider collaboration across acute organisations forming clear plans for working together to create organisational and service resilience and increased efficiencies	Increased collaboration across/within acute and community-based providers (including primary care, voluntary and community, and care sector). Shared assets, infrastructure, staff and integrated service delivery models ensuring delivery and sustainability. Transformation is digitally enabled and supported. Collaboration also in strategic commissioning arrangements based on population outcomes to support and incentivise system transformation.

Our transformational shift

Maintaining our oversight of improved outcomes for people

Our system has extremes of high and low deprivation, with some neighbourhoods in Nottingham City among the most deprived in England. From ongoing feedback from our communities and partners we know local people want to see a shift towards prevention. People in our ICS are dying earlier than they should, and living with illness and disability longer. The data shows the clear correlation between deprivation and poor health outcomes across these different domains. Our overall success is measured by key outcomes established in 2024/25 and monitored via our System Outcomes Dashboard. For our JFP, we have selected a number of key metrics which contribute to the delivery of our System Outcomes Framework ambitions to improve healthy life expectancy, improve life expectancy and reduce health inequalities. A latest snapshot is shown below. All programmes of work contribute directly or indirectly to securing long term sustainable improvements in these outcomes.

Period: 202412

The stark differences between our PCN / neighbourhoods

		Deprivation	Risk Factors: age-adjusted prevalence per 1,000 people			Long Term Conditions: age-adjusted prevalence per 1,000 people								Age-adjusted rates per 100,000 people		Life expectancy in Years	
PCN Neighbourhood	No of patients	IMD Quintile	Obesity	Current Smoker	Hyper-tension	Diabetes Type 2	COPD	Heart Failure	Stroke	CHD	Cancers	Serious Mental Illness	Severe Frailty	Emergency Admissions (1+ bed days length of stay)	Avoidable deaths	Life expec. at birth (M)	Life expec. at birth (F)
Raleigh	29,137	1	224.0	181.3	200.0	85.1	33.5	19.0	18.2	39.9	42.7	12.9	14.7	7,784	342.1	79.2	81.0
Radford & Mary Potter	37,520	1	190.0	184.9	198.7	114.0	24.1	14.4	17.5	45.2	35.8	14.4	23.2	7,650	353.0	76.5	82.7
Aspire	39,606	1	224.5	174.8	180.2	83.4	33.6	15.9	16.7	37.2	40.9	9.0	11.8	7,826	328.9	78.0	81.3
Bulwell & Top Valley	47,407	1	242.8	195.5	181.1	71.3	33.5	15.1	17.0	35.0	45.3	10.0	7.2	7,915	331.5	78.6	80.9
Nottingham City East	68,629	1	188.1	180.7	163.7	73.5	28.7	13.7	16.8	34.4	41.7	13.6	13.4	7,318	385.9	75.5	81.7
Newgate Medical Group	30,235	2	236.2	161.5	145.3	67.0	31.0	14.1	12.6	29.4	42.2	7.9	10.0	6,092	296.5	78.6	83.7
Clifton & Meadows	35,048	2	228.7	180.0	188.0	77.4	33.6	14.3	18.8	37.5	41.4	9.7	8.0	7,348	326.5	78.5	80.1
Ashfield North	51,838	2	263.7	158.8	174.4	69.6	25.8	17.8	14.8	36.4	48.9	7.5	8.5	7,783	320.2	77.1	82.2
Rosewood	52,135	2	224.6	173.8	156.2	65.3	28.1	12.4	14.1	36.1	44.0	7.7	8.4	7,546	290.6	79.1	82.8
Bestwood & Sherwood	55,725	2	199.2	151.8	157.1	65.1	22.0	12.9	16.2	32.6	43.8	10.1	8.9	6,200	295.3	78.1	82.9
Mansfield North	59,541	2	240.8	148.0	176.7	67.5	26.1	13.7	13.6	35.8	44.3	5.8	9.5	7,579	300.5	79.3	82.0
Larwood & Bawtry	38,355	3	234.7	128.7	174.3	67.7	30.9	19.9	15.0	33.3	47.5	7.4	11.9	6,207	245.6	79.2	82.9
Byron	39,347	3	234.7	137.4	162.4	61.8	24.3	12.2	14.6	32.9	48.2	6.1	18.3	7,611	284.5	77.9	80.5
City South	39,895	3	165.9	105.3	153.1	57.3	16.9	8.8	12.6	33.0	44.2	7.1	7.2	6,179	211.6	82.2	84.0
Ashfield South	41,038	3	261.6	150.2	156.9	67.5	26.8	11.4	14.7	34.2	46.1	6.7	6.5	7,756	308.3	77.4	80.4
Retford And Villages	59,176	3	237.9	128.2	155.3	58.1	22.9	11.8	12.2	28.1	45.7	5.9	9.1	5,487	227.4	79.8	84.4
Sherwood	64,114	3	238.1	136.4	172.9	64.4	24.3	13.6	13.7	35.6	47.2	5.9	9.4	6,974	229.4	79.7	81.5
Stapleford	22,315	4	230.8	131.3	167.6	58.8	21.9	9.0	12.5	28.9	45.1	6.1	5.2	6,133	219.8	81.0	86.1
Arnold & Calverton	34,303	4	208.2	120.5	146.4	49.3	18.3	8.7	15.7	29.1	47.8	6.8	8.0	5,829	204.4	79.6	84.2
Synergy Health	36,110	4	218.4	143.7	155.1	53.8	18.1	11.7	15.3	30.2	47.9	9.4	20.2	6,396	264.2	80.5	83.1
Eastwood/Kimberley	38,086	4	227.6	118.9	156.7	56.9	20.5	14.7	14.3	32.5	48.3	5.8	7.2	6,299	232.5	80.4	85.4
Newark	79,645	4	200.2	133.3	150.3	51.0	15.4	11.3	12.3	29.7	49.8	5.5	7.1	5,678	236.7	80.5	84.3
Arrow Health	40,161	5	187.5	115.1	148.7	45.5	15.4	9.8	13.0	28.0	47.1	6.6	5.8	5,857	204.3	81.6	85.0
Rushcliffe North	42,913	5	182.9	94.5	140.6	39.5	15.0	9.0	12.3	27.4	47.5	4.1	5.6	4,978	159.2	81.3	84.2
Rushcliffe South	44,505	5	177.1	85.1	139.4	39.4	11.4	9.2	12.5	25.5	47.0	4.3	4.3	4,776	165.9	83.7	84.8
Beeston	50,286	5	182.5	105.8	152.7	51.6	16.8	11.0	14.0	28.1	47.8	7.2	11.0	5,482	221.9	79.9	82.8
Rushcliffe Central	53,346	5	137.7	64.6	138.7	42.0	10.7	9.6	12.4	26.1	48.1	5.6	5.6	4,879	182.6	79.6	86.3
Unity (Nottm)	46,768	4	114.5	64.8	152.8	40.1	10.4	9.2	8.7	20.9	44.5	3.9		3,027	118.8		86.1

Bassetlaw Place
Nottingham City Place
South Nottinghamshire Place
Mid Nottinghamshire Place

Unity's population is almost entirely university students and is presented separately due to its atypical population demographics.

IMD value is the **index of multiple deprivation** (calculated based on weighted average of registered patients' Lower Super Output Areas declines as per GP Repository for Clinical Care).

COPD = Chronic obstructive pulmonary disease
CHD = Congestive heart disease

Most deprived PCN neighbourhood
Least deprived PCN neighbourhood

Poor Outcomes | Good Outcomes

Our Delivery Plans in Summary

High level commitments across our key programme areas that will deliver or enable the four aims and three strategic principles of our ICP Integrated Care Strategy, while continuing to meet national policy expectations for NHS partners.

Frailty

Current state: Our challenges

- Frailty is a common medical condition that is frequently associated with ageing. Over the next 20 years there will be a significant increase in frail people in our ICS.
- The Nottingham and Nottinghamshire system has identified frailty as one of the system priorities where our resources are currently significantly committed and an area of high growth in spend.
- The cost of frailty is not just financial. It is a cost to our people, our quality of care, our services.
- The electronic frailty index shows that across the 65 and over population at PCN level:
- People identified as Fit varies from 31% - 52%
- People identified with Mild Frailty varies between 28% and 33%
- People identified with Moderate Frailty varies between 12% and 21%
- People identified with Severe Frailty varies between 10% - 18% (excluding Bassetlaw)
- 21.5 % of the following two areas accounts for all over 65 emergency admissions(2019)
- 7,800 admissions for falls, Injuries and fractures equating to approximately70,000 bed days.
- 5,100 Flu and pneumonia emergency admissions equating to 43,000 bed days

Future state: Our ambition

- Maintaining independence by focusing on prevention for as long as possible in one's own home, increasing healthy life years, improving personalised care, achieving cost efficiencies and savings for the system.
- The goal is to reinforce the focus on personalised and proactive care that will enable us to deliver a fully integrated approach to Frailty and aims to:
- Delay the onset of health deterioration where possible
- Maintain independent living
- Reduce avoidable exacerbations of ill health
- Reduce use of unplanned care
- We aim to empower older adults to lead healthier, independent and fulfilling lives by providing holistic and person-centred care to older people and (where present) carers.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Establish the frailty programme	Programme and workstreams established	Frailty Programme Board meetings held 6 times per year.	Frailty Programme Board meetings held 6 times per year.	Frailty Programme Board meetings held 6 times per year.	Frailty Programme Board meetings held 6 times per year.	Frailty Programme Board meetings held 6 times per year.
Establish a continual learning approach	Frailty senate held and practice packs circulated.	Learning Labs. Confirm best practice guidance in delivery of MDTs and INT responsibilities for quality assurance	Learning Labs. Evaluation of mobilisation and early implementation of INTs – support expansion of patient cohorts	Learning Labs. Ongoing refinement of INT approach, building cohort of patients under responsibility of INTs	Learning Labs. Ongoing refinement of INT approach, building cohort of patients under responsibility of INTs	Learning Labs. Ongoing refinement of INT approach, building cohort of patients under responsibility of INTs
Prevention of frailty	Increased vaccinations. Vaccination dashboard established. Increase in Making Every Contact Count (MECC) training.	Promotion of initiatives to prevent frailty and progression of frailty in over 65 years population incl. Falls, therapy services and rehabilitation pathways.	Develop further plans based on evidence of local neighbourhood need to reduce emergency admissions	Develop further plans based on evidence of local neighbourhood need to reduce emergency admissions	Develop further plans based on evidence of local neighbourhood need to reduce emergency admissions	Develop further plans based on evidence of local neighbourhood need to reduce emergency admissions
Identification of frailty	Identification of digital technology/ sensors and devices to support independence. CFS Scoring uptake and RESPECT form uptake improved.	Establish refined targeted and proactive approach to identifying frail population and appropriate management to understand their support needs using predictive tools.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Management of frailty	Established Same Day emergency Care (SDEC) and silverline (SFH) Technology Enabled Care roll out.	Enable access to appropriate support to mitigate the risk of escalation of frailty inc. roll out of Care Navigation.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Planned Care Transformation

Current state: Our challenges

- Long waits for elective care
- Backlog of patients waiting for overdue follow ups
- Short notice or on the day cancellations
- Lack of access to digital apps and information for some patients

Future state: Our ambition

- Reduce the time people wait for elective care
- Maximise advice and guidance (A&G) to reduce unwarranted clinical variation in referrals.
- Enable access to the most appropriate care first time.
- Reduction of unnecessary outpatient Follow ups
- Empowering patients through offering patient choice and information to support self-management where appropriate
- Collaboration with system digital colleagues to maximise opportunities to use digital tools to support patient choice and offer personalised care
- Make the best use of resources through improved productivity and efficiency
- Pathway Redesign: exploring options for future community services which include musculoskeletal (MSK), women's health, pain management, dermatology and eye health services.
- Theatre Optimisation: Standardise processes for prioritising patients and improving theatre utilisation.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Equitable access and shared resource: Shared waiting lists linked to strategic workforce plan, shared physical resource across elective hubs	Weekly System elective hub meetings in place Theatre productivity programmes in place at NUH and SFH System access policy in development	Maximise opportunities to utilise capacity at the elective surgical hubs. Launch system wide access policy.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Pathway transformation and productivity; including getting it right first time (GIRFT) programme, outpatient transformation and perioperative screening	Early health screening tools pilot underway at NUH and SFH. Patient initiated follow up (PIFU) offered as an alternative to routine follow ups where appropriate. Reduction of did not attends (DNAs)	Explore options to offer/expand community services which include ear, nose and throat (ENT) and Audiology. Focus on reducing unnecessary Follow up's across all providers.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Urgent and Emergency Care Transformation

Current state: Our challenges

- People are assessed for their long-term needs in hospital.
- People spend too long in our hospitals.
- People arrive at the emergency department and are admitted to hospital when their needs could have been met in the community.
- People spend too long in our emergency departments waiting to be assessed and treated.
- People spend too long waiting for an ambulance.
- People often have to navigate several services before they reach the one that is most suitable for their needs.
- Our teams and pathways are not always integrated across the ICS.
- We do not have seven-day working across all services.
- We have inequity of service provision across the ICS.
- We have delays in transferring people from one service to another.
- We have several different entry points for our pathways and services which can be confusing for professionals.
- Demand for urgent and emergency care services is rising.

Future state: Our ambition

- To deliver safe and consistent Urgent and Emergency Care services across the health and care system.
- We will maximise admission avoidance opportunities and pathways
- We will effectively manage in-hospital flow
- We will improve discharge pathways and processes
- We will reduce re-admissions to hospital within 90 days
- We will develop a single team culture
- We will deliver the key pillars of the Urgent and Emergency Care Recovery Plan

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Admission Avoidance	Integrated UCR (urgent care response) and UCCH (urgent care coordination hub). Mobilised the co-located UTC (urgent treatment centre) at QMC.	Reduce non-elective admissions by 9%. Expand the UCCH offer. Designate the co-located UTC. Go live of new integrated UCR and VW (virtual wards) offer.	Equitable IUC offer across the ICS. Include the Transfer of Care Hubs in the UCCH/SPA (single point of access) model.	One true single point of access across Nottingham and Nottinghamshire	Monitor impact of actions	Monitor impact of actions
Internal Flow	Expanded discharge lounge capacity. Mobilised surgical same day emergency care (SDEC). Patient transport service (PTS) coordinators in acute trusts.	Expansion of SDEC offer to include frailty. Efficient use of assessment areas. Optimise use of discharge lounges. Re-procure PTS offer.	Integrated front and back door discharge teams with links to the UCCH/SPA	Monitor impact of actions	Monitor impact of actions	Monitor impact of actions
Discharge	Pathway 1 (P1) Service activity increased supporting a reduction in medically safe for transfer (MSFT). New P2 clinical model agreed. P3 bed pilot completed.	Mobilise integrated P1 service. Commission new P2 bed base and model. Commission new P3 pathway. Move discharge posts into ICB.	Commission consistent P1 service. Deliver 7 day integrated discharge services. Integrate discharge to assess (D2A) and UCCH.	Monitor impact of actions	Monitor impact of actions	Monitor impact of actions
Re-admissions	Data analysis completed of 90-day readmissions Clinical senate held Priority actions agreed	Report progress of priority actions to Urgent Care Board. Reduce 90-day readmissions rate by 30%.	Monitor impact of actions	Monitor impact of actions	Monitor impact of actions	Monitor impact of actions

Community Transformation, including End of Life

Current state: Our challenges

- On-the-day demand impacts ability to focus on people with long-term conditions, escalations and continuity of care.
- Increasing complexity in patients means more timely access to specialist advice and guidance is required.
- Inequity and inefficiency through unwarranted variation in Community Health Service provision across ICS due to legacy commissioning arrangements.
- Recruitment and retention challenges causing additional pressure on workforce.
- Lack of communication with public around self management opportunities impacts on ability to 'see right professional at right time'.
- Movement of services from secondary care to community care requires appropriate shift in resourcing
- Most deprived neighbourhoods tending to experience greatest access challenges.
- Estates constraints hinder integrated neighbourhood working.

Future state: Our ambition

The vision of the Community Transformation Programme is to deliver the long term ambition of transitioning away from hospital care and into community delivery. The programme aims to address this challenge in a number of ways:

1. Creation of capacity in community providers through the implementation of a self-care/self-management approach.
2. Delivery of integrated neighbourhood working - removing the duplication between community, primary care and social care services – experienced by services and citizens.
3. Commissioning services to deliver greatest value - be that through procurement, alignment to a single provider or delivery against a standardised service specification.
4. Directing community services at the most clinically effective interventions and the cohorts with greatest needs (clinically and geographically)
5. A collaborative plan and approach to delivery across the system (e.g. across ICB, Local authorities and community providers).

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Efficient use of financial resources to target the most effective interventions, patients, equipment (ICELS) and geographical areas.	Reviews across eight community health services.	Embed appropriate use of equipment. Implement outcome of Long COVID review. Care Homes Transformation.	Mobilisation of system wide Community Wheelchairs Service.	Develop further plans.	Develop further plans.	Develop further plans.
Movement of existing activity to a self-care/self-management approach.	Opportunities in self-management identified: insulin administration and wound care.	Q1:Development of clinical pathway for self-care. Q2: Implementation within Community Nursing.	Continued spread of self-approach into further services – focus on therapy services.	Spread of self-care best practice developed within Community into further Health and Social Care sectors.	Develop further plans.	Develop further plans.
Utilising the programme to support delivery of ambitions of wider system partners and/or programmes	Development of Integrated Neighbourhood Team (INT) delivery model. Collaboration to prioritise Frailty INTs	Q1: Frailty Integrated Neighbourhood Teams (INTs) in 4 areas Q2: Evaluation Q3/4: Further roll out to maximise system coverage.	Development of further INT models – with focus on Long Term Conditions. Implementation of LTC INT model across system.	Development of further INT models – with focus on Children and Young People (CYP). Implementation of CYP INT model across system.	Development of further INT models – with focus TBC. Implementation of further INT model across system.	INT approach fully embedded as business as usual with all priority areas implemented. Identification of any further INTs.
Working closely with place and VCSE to ensure services and approaches are tailored to the needs of populations and/or cohorts of citizens.	Continuation of the Local Design Team approach – increased geographical spread.	Refine long term condition metrics management, with ability to deliver targeted and tailored interventions at place.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Digital Transformation

Current state: Our challenges

- Patient-facing digital assets are disjointed and used in silos, which provides inequitable access to health and care services. Technology enabled care to support remote monitoring/remote consultations/virtual wards is limited to pilots or relatively small-scale use in specific teams/organisations. Social care data is not available on the individual – often gets missed as clinical data is prioritised. Data between social care and health still disjointed.
- Data is not held or collected in all digital assets which limits the utilisation of rich data sources to enable intelligence-based decision-making. Where data is held in a digital asset, there are no consistent standards applied.
- Organisations do not have a fully digitised electronic patient record, digitisation does exist but often there are multiple systems which hold patient data in one organisation.
- While information sharing across digital assets has improved, clinical data is often not available to the clinician or professional from one organisation to another to enable them to provide the right care, in the right place.
- Moving to a digital approach to access can exacerbate health inequalities when people do not have access to digital or the skills.
- Significant skills gaps exist across our workforce which means that digital assets cannot be exploited to the full benefit.

Future state: Our ambition

- Deliver the Digital Notts Strategy 2023-28 - https://prezi.com/view/WAlBPVywyhc231fdWMlx/
- Develop our patient-facing digital services.
- Support intelligent decision-making - use data to better understand the health and care needs of our local population, helping to focus and tailor resources where they have the most impact.
- Recognising key factors helps us to adapt future local services to improve the overall health of the population.
- Digitise our services to support the frontline.
- Utilising digital assets such as electronic patient records, electronic prescribing, medicine administration systems and automation technologies to reduce burdensome processes.
- Enable interoperability across the system - our population will receive the right care at the right time, always.
- By providing health and care providers with access to key information about the person, reduces unnecessary diagnostics, treatment and enables efficient access to health and care services.
- Support our population and workforce through digital inclusivity - our population and workforce are given access to support, training and equipment to enable them to use digital assets to benefit their health and wellbeing or deliver effective care services.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Patient facing digital services.	Digital Correspondence delivered in two acute settings. eMeet and Greet enabled across two acute settings.	Expand technology enabled care to support remote monitoring. Develop Internet of Things (IoT) platform.	Digital care planning, expand record access; deploy robotics process automation and Artificial Intelligence (AI) technology.	Personalised approach to health and care services through digital technology. AI technology to increase Productivity.	Digital contact becomes the default route for health and care services. Smart homes.	Optimise and enhance assets based on digital advancements
Support intelligent decision making.	Infrastructure in place to ensure data can be used.	Establish Secure Data Environment for Research. Develop Federated Data Platform..	Embed a systematic approach to developing and monitoring system outcomes.	Secure Data Environment for Research embedded. Augment AI and human skills in designing care services.	Augment AI and human skills in designing care services.	Augment AI and human skills in designing care services.
Digitise frontline services.	Electronic prescribing and drug administration. Enabled 60% of our social care provision with a digital social care record	Staff enabled to work across any location. Electronic patient record (EPR) deployed in Acute Care. Implement services in line with frameworks.	EPR deployed in Acute Care. Implement services in line with procurement frameworks.	EPR deployed in Acute Care. Implement services in line with procurement frameworks.	Optimisation and exploitation of frontline digital assets.	Optimisation and exploitation of frontline digital assets.
Interoperability.	Four of our largest organisations live and onboarded with the Notts Care Record (NCR)	NCR available to all staff and organisations onboarded. Decommission existing shared care record.	NCR embedded. Phase three development including additional community services.	Further developments in the application including regional sharing, enhanced functionality and features	Develop further plans.	Transition to business as usual.
Digital inclusivity.	VCSE grants. Delivered over 1,000 digital support sessions with 10,000 people supported to get online	Role of Digital Champions, Digital Carers and Digital Inclusion Co-ordinators to be established.	Develop a model to enable a roving workforce across digital specialty roles	Develop new pipeline talent to address skills gaps across digital.	System workforce development programme.	Digital Inclusivity is built into all core aspects of what we do.

Medicines Optimisation

Current state: Our challenges

- Between 5 to 10% of all hospital admissions are medicines related and around two-thirds of these admissions are preventable.
- at least 10% of the current volume of medicines may be overprescribed
- 30 to 50% of the medicines prescribed for long-term conditions are not taken as intended
- Medicines account for about 25% of emissions within the NHS in England.
- Nationally agreed funding model for community pharmacies threatens sustainability of sites
- National challenges regarding the supply chain for medicines impact on our capacity to deliver transformational plans due to the need to manage medicines shortages
- Availability of funding for new medicines - Investment in medicines to optimise health outcomes and reduce hospital admissions is not maximised.
- Lack of interoperability between clinical systems in organisations increases the risk of harm from medicines as people move between care settings.
- Current working practices and prescribing systems incentivise prescribing rather than reducing medicines waste
- Pharmacy workforce pressures and support required for pharmacy graduates to use their prescribing qualifications in all sectors constantly challenge the delivery of system ambitions to transform pharmacy services and optimise medicines use.
- The need to deliver financial savings for ICS against medicines budget could impact on progress of transformational medicines optimisation projects

Future state: Our ambition

As detailed in our Medicines Optimisation Strategy 2024-2029, our shared purpose is;

To ensure all medicines have value and provide the best outcomes for all people

We will do this by delivering against our 5 strategic aims;

1. Medicines are clinically effective and prescribed safely
2. Pharmaceutical Care is joined up across our ICS; locally agreed information is shared
3. Medicines waste is reduced and sustainability is promoted
4. Medicines are equitably accessible across our ICS
5. System value from medicines is achieved

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025-30
Medicines are clinically effective and prescribed safely	Strengthen Pharmacy Workforce Faculty and develop 3-year workforce plan Safe prescribing and reducing medicines harm.	• Implement data driven systematic structured medication reviews for patients taking multiple medicines • Increase learning and sharing from medicines safety related incidents to reduce preventable harm from medicines • Implement data driven systematic structured medication reviews for patients taking high-risk medicines. • Develop decision making tools with Experts by Experience focused on supporting patients to take their medicines safely and participate in decisions about their care
Pharmaceutical Care is joined up across our ICS; locally agreed information is shared	Medicines optimisation strategy agreed. Integration of clinical services in Community Pharmacy to build Primary Care capacity.	• Strengthen use of, and prescribing decisions adherence to the joint formulary • Improve access to and understanding of guidelines and formularies through standardised and single point of access to medicines information across care pathways for prescribers and patients • Improve consistency in adoption of shared care protocols across the ICS • Improve medicines optimisation around transfers of care
Medicines waste is reduced and sustainability is promoted	Reduction in inappropriate polypharmacy. Focus on improvement in the National Oversight indicators.	• Identify potential areas of medicines waste across our system and work to reduce this • Work with Patient Groups, Primary Care Practices and Community Pharmacies and Digital Notts to help people to 'Only Order what they need' • Work with the Greener Programme to recommend medicines with the lowest carbon footprint within formularies and guidance where clinically appropriate
Medicines are equitably accessible across our ICS	Streamline system working. Further develop contractual principles and governance for prescribing.	• Increase provision of community pharmacy clinical services to improve access to medicines • Scope further provision of specialist pharmaceutical care closer to home • Implement consistency of communication with professionals, patients and carers, to manage access to medicines in short supply
System value from medicines is achieved	Develop ICS system medicines and prescribing efficiency plans.	• System: Strengthen MOPB governance and accountability to maximise medicines value • Place: Robust prescribing processes and responsibility to maximise medicines value • Person: Work with Experts by Experience to increase the knowledge, skills and confidence people have to manage their own health and their medicines

Best Value Opportunities

Current state: Our challenges

Best Value is newly established programme and in its infancy. Opportunities have been identified over the course of 24/25 and work now continues with the Programme Boards to transact the outputs of this work into Programme Boards through to delivery.

Future state: Our ambition

- Best Value is an enabling programme through the lens of clinical stewardship across transformational change and service development.
- The aim is to identify opportunities, inform clinical best practice through data and intelligence insights, lead transformational change, ensure adherence to clinical thresholds to improve efficiency, reduce unwarranted variation and provide impactful measurable interventions that achieve positive health and care outcomes for our local population.
- Continue to work system wide to identify priority areas of transformation and improvements to meet local and national statutory requirements.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Triage and Referral pathway review	CVD, COPD and SMI clinical senates held to advise on clinical and professional approved best practice	Identify and reduce duplicated referrals. Reduction in unplanned procedures. Reduction in unwarranted clinical variation of referrals. Improved compliance with Value Based Commissioning Policy.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Diagnostics activity review (CT Imaging, MRI)	Clinical intervention dashboard established to monitor impact	Diagnostics are requested based on necessity. Reduced mobile scanning activity. Diagnostics Board to support resource utilisation (shared resource).	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Reduction in readmission rate for over 75s within 90 days of discharge	90 day readmission, End of Life, Frailty clinical senates held to advise on clinical and professional approved best practice	Reduce readmission rates by 30% including impact on length of stay (average 5 days). Embed concept of clinical stewardship to inform broader transformational change.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

ICS Strategic Workforce

Current state: Our challenges

- Workforce numbers and related pay bill costs are potentially the largest rate limiting factors in our ability to deliver the ICS strategy and improve health outcomes for our population.
- Workforce planning is short term riven by operational targets and is not informed by population health projections. This does not address the medium to longer term need for strategic workforce and education planning.
- The health and wellbeing of our workforce continues to be a cause for concern with sickness absence remaining high.
- Our workforce does not reflect the diversity of the population we serve, and NHS recruitment processes can be seen as long and difficult to navigate.
- Post-covid recovery and waiting lists pressures are additional challenges, with workforce productivity remaining lower than pre-pandemic levels.
- Organisations interventions to attract high demand staff groups have a negative impact on system staff and adds to cost pressures

Future state: Our ambition

- The system 'one workforce' will consist of the right number of people, to meet demand and improve health outcomes, working at the right location to deliver the treatment and care our populations deserve, with the skills and training to support prevention as well as treatment to enable the population to stay healthy and at a cost that is affordable.
- Organisations will collaborate to move to a 'one workforce approach' recognising that the future workforce will want to have flexible rewarding careers within a system that recognises and develops talent and is representative of the population of Nottingham and Nottinghamshire.
- Digital technology will be an enabler to flexibility and resourcing on a systems footprint not an organisational one.
- There will be multiple entry points to employment, supporting all levels of academic and physical ability, to create meaningful and fulfilling opportunities for all that desire a career in health and care.
- The financial pressures exacerbated by workforce availability will be reduced by system partners working together on solutions to ensure that we are to utilise our existing workforce efficiently.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
The resources, infrastructure, and governance. Deliver Planning for the future: Transforming the health and social care workforce	Governance mechanisms have been established will as needed evolve and be embedded.	Performance and risk will be managed monthly to create a more dynamic 'one workforce' ICS WTE plan with pay bill and activity triangulation.	Providers workforce - right sizing. Collaborative approaches that support the system	Population health needs drive plans. Workforce planning delivers clinical service transformation, new roles and new ways of working	The processes put in place are reviewed and refined to ensure optimum deliver of aligned workforce plans.	The processes put in place are reviewed and refined to ensure optimum deliver of aligned workforce plans.
Right sizing the workforce: Resourcing including retention.	Work commenced on bank rates, grip and control increased. Service reviews undertaken/in progress.	Collaborative approach to shortage skill areas to develop system working approaches. Continued staging alignment of bank rates.	Introduce digital solutions for system recruitment. Grow the contingent workforce. Implementation of regional talent academy.	Expand digital solutions and AI supported recruitment.	Establish full recruitment hub based on evaluation of proof of concept and identified economies of scale.	Operational system recruitment hub. Review, evaluate and further develop all resourcing approaches consolidated working.
Strategic workforce planning: System-wide integrated workforce approach linked to population health needs	ICS workforce plan supported with population health data. Data sharing discussion commenced. Social Care data shared with ICB.	Establish a common workforce planning approach. Integrate workforce data and intelligence into system planning.	Develop a system wide approach to measuring workforce performance and productivity.	Develop 3-5-year digital skills workforce development and training plan as part of wider ICS workforce planning.	Explore further opportunities for alignment across the system to support service transformation planning and Integration.	Review evaluate and seek further opportunities.
Delivering the future of human resources.	Passporting piloted/in use in 2 organisations. Training Memorandum of Understanding (MOU) signed by all organisations	All NHS providers being registered and fully utilising the digital staff passport to support movement of staff between organisations.	Developing a rotational scheme to support professionals to move between sectors.	Establish core HR working across the NHS providers including Primary care	Review evaluate and seek further opportunities.	Review evaluate and seek further opportunities.

Primary Care

Current state: Our challenges

- On-the-day demand impacts ability to focus on people with long-term conditions, escalations and continuity of care.
- Primary care contracting model can be a barrier to innovation / transformation.
- Increasing complexity in patients means more timely access to specialist advice and guidance is required.
- Recruitment and retention challenges causing additional pressure on workforce.
- Opportunities for primary care at scale model not fully realised.
- Lack of communication with public about new roles in primary care impacts on ability to 'see right professional at right time'.
- Challenges with capacity to enable longer consultation times for people with complex needs.
- Movement of services from secondary care to primary care requires appropriate shift in resourcing
- Most deprived neighbourhoods tending to experience greatest access challenges.
- National capitation funding not necessarily reflective of need.
- Estates constraints hinder primary care service delivery.
- Ensuring integration of pharmacy, dental and optometry contracts and services including Pharmacy First.

Future state: Our ambition

- Integrate pharmacy, optometry and dentistry within neighbourhoods and Primary Care Networks (PCNs)
- Primary care providers integrated into neighbourhood teams to support population health management and proactive care
- Enhanced services support effective delivery in primary care
- Services / pathways across primary and community care are seamless and effective
- Optimum care within community settings with unwarranted clinical variation systematically identified and addressed
- Review and update our approach to primary care workforce, development, recruitment and retention
- PCNs across Nottingham and Nottinghamshire continue to mature allowing them to be in a positive position for leading the ongoing implementation of Integrated Neighbourhood Teams (INTs).
- Provide effective and efficient management of Primary Care contracts
- Develop Primary Care estate in line with system and PCN estates strategies

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Pharmacy, Optometry and Dental	Primary Care Strategy development underway	Finalise pharmacy, dentistry and optometry chapters within Primary Care Strategy. Establish working group to support integration into PCNs.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Contractual Transformation	Early Supported Discharge Quality Scheme (Frailty and long term conditions) Enhanced services review completed. Modern general practice model (MGPAM) funding allocated.	Service / Pathways Reviews with Community Providers. Promote referral optimisation, pathway efficiencies Review role of Referral Support Service (RSS). Practice visit programme to address unwarranted variation.	Integration of Primary Care providers within INTs.	Develop further plans.	Develop further plans.	Develop further plans.
Supporting primary care resilience and delivery (incl PCN Directed Enhanced Service (DES), workforce development and Primary Care Estates).	Embedded benefits of PCN investment Workforce programme funding secured. ICB Primary care estates strategy completed. Individual practice support.	Promote GP Additional Roles Reimbursement Scheme (ARRS) role. Re-establish Primary Care Workforce Group. Progress Primary Care Estates Strategy.	Learn from national PCN pilots and implement locally.	Develop further plans.	Develop further plans.	Develop further plans.

Primary Care Transformation

Current state: Our challenges

- Pressures on primary care limit the capacity for Primary Care Networks (PCNs) to deliver population health management identified opportunities.
- Capacity and demand in primary care are challenging.
- Workforce pressures growing across primary care, impacting on resilience across the PCNs.
- In order to manage current challenges, different models of care are being tested by developing new roles through the national Additional Roles Reimbursement Scheme (ARRS) and through system clinical transformation programmes.
- Estates for the growing workforce and community-based delivery of care is restricting delivery.
- A review of current estate and needs for future delivery has been undertaken and plans are being developed to address challenges, maximising the available estate as flexibly as possible.
- Need to work with other providers such as Community Pharmacy with significant communication barriers between the various parties

Future state: Our ambition

- Primary Care Strategy implementation supports resilient / vibrant primary care.
- Primary Care services delivered at an appropriate scale to meet patient need and deliver services in a cost and clinically effective way.
- Primary Care Provider Collaborative playing a full role in the system.
- Integrated Neighbourhood teams (INTs) established and providing pro-active care to address population health needs.
- Patient experience of accessing primary care is significantly improved.
- Patients make appropriate use of the extended PC workforce and digital access to care
- Practices are supported to continually improve their access models.
- Primary Care providers are positively engaged and active partners within the local health and social care system
- The interfaces between primary, community and secondary care services support the delivery of good, integrated care and good outcomes for patients.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
New Models of Care.	Effective GP Federations and PCNs in place. Primary Care Provider Collaborative scoping underway. Safer Working initiatives in Primary Care being supported	Provider Collaborative Established. Primary care engagement within initial INT development. Explore appetite for alternative same day access models in primary care.	INTs established with robust engagement from Primary Care providers.	Develop further plans.	Develop further plans.	Develop further plans.
'Primary Care Access (incl. dental)	Good practice engagement with GPIP and Modern general practice model (MGPAM) . 14 Day Access improvement plan being implemented. All practices achieve NHSE Delivery Plan for Recovering Access.	Local support offer for practices to improve access models developed. Pharmacy First and Independent Pharmacy Prescribers embedded.	New same day access models contribute to improved performance.	Develop further plans.	Develop further plans.	Develop further plans.
Primary Care Engagement and interface Issues	City Thriving Programme. Developed mechanisms to better engage practices. Primary and Secondary Care interface groups established.	Practice visit programme implemented. Engagement / good practice programme of events implemented. Implementation of interface work programmes.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Mental Health

Current state: Our challenges

- Section 48 review identified failings in the quality of care delivered in inpatient, community and crisis services
- The length of stay in hospital is longer than clinically needed, causing pressures in services and worse outcomes for patients including out of area placements
- Waiting times remain too long for access to assessment with hidden waits between services where specific mental health services/organisations operate in silos.
- Pathways are not always clear, do not provide local early support and intervention to reduce escalation, maintain independence in the community and reduce the need for acute services.
- Mental and physical health and wellbeing and social needs are inextricably linked; however, services operate in silos not always recognising how to optimise resources to meet the needs of the person.
- National review has indicated that police spend a significant amount of time responding to people in a mental health crisis, which is being addressed through the implementation of Right Care, Right Person
- Limited alternatives to A&E for people in mental health crisis –which is not the best environment for people's needs.
- Limited housing and accommodation impacting pathway flow including discharge from both hospital and supported accommodation
- There are growing numbers of people with autism in mental health inpatient services requiring care and support.
- Finances are a significant challenge for all system partners

Future state: Our ambition

- Clear communication to the public and professionals on access routes into mental health services, accessing support as early as possible
- Transitioning from treatment to prevention.
- Sustainable local community care model of delivery that aims to optimise people's independence by addressing their physical, mental health and social needs and intervening before people reach crisis point
- Through integrated care, and better communication, people will be cared for in the most appropriate setting for their need, by the people with the right skills.
- We will make every contact count for areas which have been traditionally health focused, incorporating signposting to other services to improve overall health and wellbeing
- People will only stay in hospital for the time they need to, with partners working together to identify and act upon any housing and support needs to enable people to go to the place they call home as soon as they are ready
- Partners will undertake integrated commissioning to ensure we meet the needs of the population and achieve value for money for the system

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Integrated mental health services focused on prevention, robust community service delivery and inpatient discharge	Integrated Mental Health Pathway Strategic Plan for Adults and delivery plan agreed. Coproduction Group launched. Place-based prevention models aligned to community transformation. Launch of NottAlone.	Hub developed building on place based mental health and wellbeing model. Inpatient bed model development. Level Two Inpatient Rehabilitation Model and step-down model developed.	Implementation of 2026/27 priorities based on review of 2025/26 deliverables	Implementation of 2027/28 priorities based on review of 2026/27 deliverables	Implementation of 2028/29 priorities based on review of 2027/28 deliverables	Implementation of 2029/30 priorities based on review of 2025/26 deliverables
Improve mental health services to address recommendations from Section 48 and deliver Long Term Plan ambitions	Implemented new pathways. Increased psychological therapy service delivery. Performance for Adult and Children and Young People services/ pathways meeting standards.	Agree blueprint for community mental health team model. Progress agreed actions for Assertive Engagement service/pathway implementation Review of Personality Disorder pathway	Implementation of improvement plan, monitoring impact and ensuring infrastructure to enable continuous quality improvement.	Implementation of improvement plan, monitoring impact and ensuring infrastructure to enable continuous quality improvement.	Implementation of improvement plan, monitoring impact and ensuring infrastructure to enable continuous quality improvement.	Implementation of improvement plan, monitoring impact and ensuring infrastructure to enable continuous quality improvement.
Review and transform mental Health urgent and crisis care incorporating Section 48 recommendations for crisis services	Implementation of Right Care, Right Person (RCRP). Implementation of 111 Mental Health Option Develop Mental Health Action Cards. Mental Health Response Vehicle in place.	Deliver Crisis Core fidelity Standards. Implement section 48 recommendations for crisis services. Reduce emergency department delays. Improve timeliness of access to crisis support.	Embed and review new pathways and service delivery models.	Embed and review new pathways and service delivery models.	Embed and review new pathways and service delivery models.	Embed and review new pathways and service delivery models.

Maternity, babies, children and young people

Current state: Our challenges

- Rates of obesity are continuing to rise in childhood, increasing short-term and lifelong negative impact on health outcomes.
- Significant health inequalities exist in maternity and neonatal care meaning worse outcomes for women and babies from minority ethnic groups.
- Access to health services for the most vulnerable groups of babies, children and young people can be disjointed and inequitable.
- Numbers of children and young people experiencing mental ill health are increasing.
- Children and young people (aged 0-25) with Special Educational Needs or Disabilities (SEND) are not always identified, assessed or able to access services in a timely way.
- Demand on local services, particularly services supporting children and young with neurodevelopmental disorders has significantly risen in recent years, significantly impacting waiting times.
- Engagement of children and young people in decisions about their needs and health care is not systematised.
- Transitions between children and young people services and adult services are improving but remain inconsistent and difficult for many
- Increasing numbers of children and young people are experiencing mental ill health and are presenting with more complex needs and comorbidities.

Future state: Our ambition

- Children, young people and their families continue to co-produce service improvement and transformation across the system.
- All health service planning incorporates prevention for under-25s, where there are modifiable factors.
- Be child friendly. Children and young people's needs are identified accurately and assessed in a timely and effective way.
- Children and young people are well prepared for their next steps, achieve desired outcomes, have supportive and successful transitions into adulthood.
- Children and young people are valued, involved in decision-making about their lives, visible and included in their communities.
- Every woman and birthing person from minority ethnic groups has a safe and positive birthing experience in the place of their choosing.
- A firm foundation for good mental health of children and young people through evidence-based support in the first 1,001 days of a child's life.
- Families, babies, children and young people are able to access seamlessly delivered support, even in pathways where different elements may be commissioned or delivered by different organisations.
- Children and young people with the most complex needs, are able to have their needs met effectively and efficiently, accessing the right service at the right time.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Focus on the under-fives to have the maximum preventative impact.	Co-design new pathways with system partners for healthy lifestyles and infant mental health.	Develop data and intelligence driven interventions, priority focus on best start partnerships and health inequalities.	Commission and deliver integrated services to support the best start in life for infant mental and physical health.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership.
Reduce inequity of services in maternity and for children and young people.	Single Point of Access (SPA) for healthy weight. Progressing maternity and Neonatal staff training, and maternity equity action plan.	Maintain focus on quality and safety of services and reduce inequalities (Core20+5). Maternity and neonatal 3 year delivery plan.	Maintain and review impact of the maternity programme. Evaluation and review of emerging guidance.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership across the system.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership across the system.	Continued focus on evidence-based needs led commissioning and improvement, working in partnership across the system.
Achieving improved outcomes for vulnerable children and young people, including those who are looked after or with SEND.	Increased access for speech language services. Delivered Mental health support teams in schools (MHST) and Partnerships for Inclusion of Neurodiversity in Schools (PINS).	Continued reduction in waits for therapy services and neurodevelopmental diagnosis. Deliver Keeping Children Safe, Helping Families Thrive. Increase coverage of MHST and continue PINS	Improve therapy services wait targets. Improve outcomes for looked after children's mental health. Continue to integrate services. Consider learning.	Continue to work with partners and children and young people to embed sustainable ongoing improvement.	Continue to work with partners and children and young people to embed sustainable ongoing improvement.	Continue to work with partners and children and young people to embed sustainable ongoing improvement.
Improved outcomes for women and babies.	Preterm Birth Clinics - Relaunch of systemwide PERIPrem passport, Optimisation, Refresher BadgerNet training.	Ockenden review. Embed evidence-based practice in antenatal, intrapartum and postnatal care.	Maintain and review impact of the maternity programme. Evaluate what works and develop further plans.	Deliver against national guidance and local improvement plans.	Deliver against national guidance and local improvement plans.	Deliver against national guidance and local improvement plans.

Prevention

Current state: Our challenges

- Having the resources to progress priorities in relation to prevention, including the NHS leading on secondary prevention
- Concerted effort across prevention priorities with a strategic approach across PBP, primary care, community and secondary care
- Implementing Making Every Contact Count (MECC) at scale with the relevant supportive pathways – MECC is the tool through which health and care services are able to impact on building blocks of health
- Providing an equitable approach that ensures we do more of or do differently based on population need
- Recognition of ROI that supports a concerted effort and provides the relevant prioritisation within decision making

Future state: Our ambition

- Commitment to priorities that allows for a shift in resources from treatment to prevention
- Return on Investment - Priority areas approved and prevention plans adopted across all NHS partners to allow for a co-ordinated and concerted effort and in return, the greatest impact on the population. The priorities are understood across all partners in terms of the value and return on investment they offer.
- Neighbourhoods and Communities - Effectively integrating service offers at a local level by demonstrating alignment with Local Authorities and as part of neighbourhood and Place Based Partnership delivery plans.
- Transformation - Transformation Programmes and priorities clearly outline the mandate for prevention aligned with approach to impact on health inequalities.
- MECC – Accelerating system wide commitment and plans for MECC, in order to impact on the Building Blocks of Health, including ensuring it is clinically relevant and provides an achievable end goal
- Maximising Current Offer - Driving forward proactive prevention for priorities by maximising capacity and service redesign, efficiently and effectively targeting resources in relation to population need and risk factors.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
MECC incl housing and physical activity	Nottinghamshire County Council MECC Training and platform identified framework for action.	Phased implementation of MECC. Establishing pathways for housing. Brief advice and integration of physical activity.	Evaluation and expansion of roll out. Evaluation includes impact on building blocks of health and removing access barriers.	Further development of pathways taking learning from housing.	Develop further plans.	Develop further plans.
CVD and Diabetes	Increase in numbers diagnosed with hypertension Development of INTs for Heart Health.	Increase Type 2 diagnosis in young people. Increase uptake of CVD case finding and management. iMeds work for CVD and Diabetes.	Integration of physical activity Cardiac Rehab and innovation Optimising health checks Link to weight management plans.	Evaluation and development of plans across different points of intervention.	Develop further plans.	Develop further plans.
Smoking, Weight Management (WMS), Alcohol	NICE weight loss inject tables published. Investment and disinvestment in alcohol smoking services in Trusts (+SATOD).	Implement WMS NICE guidance. Agree smoking alliance strategy. Alcohol services integrated with primary care.	Further development of WMS; integration with physical activity PBP integration with alcohol services.	Develop further plans.	Develop further plans.	Develop further plans.
Immunisation and Vaccination	Implementation of new RSV vaccination Seasonal vaccinations same uptake as 23/24.	Delegation to ICBs. New model of care for primary care. Community specific plans with PBP.	Targeted community based approach across all vaccinations Targeting maternity and under 65.	Develop further plans.	Develop further plans.	Develop further plans.
Screening	Learnings from targeted offer including more lung cancers diagnosed at stage 1 or 2.	Delegation to ICBs: alignment of screening to symptomatic pathways, and women's health Hubs.	Alignment with Local Authorities on community based plans to increase uptake.	Develop further plans.	Develop further plans.	Develop further plans.

Place Based Partnerships (PBPs)

Current state: Our challenges

- Low healthy life expectancy has significant consequences for individuals, communities and services.
- 'Today' challenges consume capability to develop and implement 'tomorrow' solutions relating to prevention and ill health avoidance.
- Voluntary sector infrastructure, capacity and resilience is significantly reduced.
- Balancing NHS national/regional/ICB priorities and those generated by non-NHS PBP partners within current Place based resource constraints.
- The ability to create a cultural shift from a paternalistic approach to one where communities are empowered to make the changes themselves.
- Lack of trust in services by our communities; particularly in areas of high deprivation and among minority communities.
- Historical commissioning decisions which impact on service delivery.
- Need for recurrent funding streams to facilitate sustainable Place-based transformation activities beyond existing ICB investment.
- Local government reorganisation may mean partner organisations are not fully focused on delivering health and wellbeing interventions

Future state: Our ambition

- We will see a reduction in health inequalities through transformation of services informed through community insight, co-production and sensitive to local population health needs.
- We will have coordinated communications. We will move from community engagement to community empowerment and asset-based approaches in all we do.
- A strong and sizeable community and voluntary sector, maximising community assets to create resilient communities.
- Making every contact count across all partners, communities and people
- We will maximise our social value capacity to address building blocks of health. The 'Place focused' workforce will have shared purpose/values.
- We will have truly integrated teams following a successful roll-out of integrated neighbourhood teams (INTs) across voluntary and statutory services including primary, community, secondary care and social care services, maximising our skill sets.
- PBPs will hold increased level of commissioning responsibility for delivery with appropriate resources and risk management.
- We will maximise joint commissioning opportunities, particularly around primary and secondary prevention and with our local authority partners.
- Transformation of services will be sustained through long term investment in evidenced based services with reduced reliance on short-term funding and pilots.
- Our service delivery will maximise use of community buildings and assets.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Integrated neighbourhood teams (INTs) building on learning from the Integrated Neighbourhood Working approach	Support the workforce across organisational boundaries aligned to integrated neighbourhood working.	Understand how the workforce will be aligned to INTs. Learning from health and social care integration models	Build on areas of good practice to spread and embed the cultural change required. Understand how resources are aligned	Fully embedded neighbourhood teams Learning and evaluation shared	Ongoing learning and evaluation	Ongoing learning and evaluation
Implementation of Place Partnership Plans with targeted interventions to tackle frailty and Long Terms Conditions (alongside PBP priorities)	Collaborative leadership of INTs embedded. Primary Care Network (PCN) active participation in INTs.	Improve identification and management of health conditions. Improved alignment of self-care and non-clinical interventions.	Ongoing development and rollout - review of Place impact and spread of learning. Complete evaluation.	Neighbourhood working fully embedded. Ongoing review and development of PBP role, function and impact.	Ongoing learning and evaluation	Ongoing learning and evaluation
Maximise joint commissioning opportunities across health and social care maximising opportunities across all partners.	Opportunities for alignment Of the Better Care Fund (BCF)	Identify opportunities for improve integration of services. Opportunity to align BCF plans and consider shadow arrangements	Jointly commission preventative services with local authority partners.	Review the impact of a jointly commissioned services on patients and staff.	Ongoing learning and evaluation	Ongoing learning and evaluation
Development and maturity of Place to enable functions to be delivered at Place and neighbourhood level, based on local need and population sensitive.	Place responsibilities and assurance models established. Recurrent transformational resources established	Embed agreed level of responsibility for delivery with associated resources Place specific contracts managed at Place where appropriate	Ongoing review and development of PBP role, responsibility, function and impact. Understand impact of Local Government reorganisation	Consideration of place level budgets	Ongoing learning and evaluation	Ongoing learning and evaluation

Early cancer diagnosis

Current state: Our challenges

- Late presentation
- Variation in Cancer Screening rates across the ICS (particularly in areas of deprivation and mixed ethnicity).
- Variation in GP Urgent Cancer Referral rates.
- Low early diagnosis rates for less survivable cancers.
- Large backlog of patients waiting for cancer treatment.
- There are long waiting times for diagnostic tests which can cause unnecessary delays in diagnosis.
- Variation in GP Direct Access CT scanning across the ICS

Future state: Our ambition

- Meet National ambition of 75% Early Diagnosis rates by 2028.
- Cancer and Diagnostic waiting times are within national performance requirements.
- Elective hubs are in place, underpinned by best practice in productivity.
- Community diagnostic hubs established and GP direct access enabled.
- Expansion of Lung Cancer Screening.
- Breast cancer – implementing community-based breast screening in areas of low uptake.
- Implement Pancreatic Cancer Case finding project
- Lynch Syndrome testing fully utilised.
- Increase GP Urgent Cancer Referrals where rates below ICS average.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Reduce cancer backlogs	Meet all cancer standards as defined in operational performance requirements and enable earlier diagnosis (maintain faster diagnosis standards).	Meet all cancer standards as defined in operational performance requirements and enable earlier diagnosis (maintain faster diagnosis standards).	Expansion of targeted lung health programme complete.	Monitoring and evaluation.	Monitoring and evaluation.	Monitoring and evaluation.
Establish Elective Hubs and Clinical Diagnostic Centres (CDCs)	Complete roll out of Newark elective Hub (opened November 2023) Implement GIRFT principles Complete Phase 1 and phase 2 City elective hub roll out	Complete City elective hub phase two. Commence City elective hub phase three. Opening of Mansfield and Nottingham CDCs.	Opening of Nottingham City based CDC	Develop further plans.	Develop further plans.	Develop further plans.
Screening and Case Finding: Lung Cancer Screening; Pancreatic Cancer Case Finding; GP Direct Access CT; Breast Screening	Phase 3 Lung Cancer screening implemented successfully	Phase 3 Lung Cancer screening round to commence in Mansfield and Ashfield Pancreatic Cancer Pilot in 2 PCNs CT scanning for Lung at SFH and Abdo pelvis NUH Increase mobile provision in areas of low uptake	Phase 4 Lung cancer screening and final phase to complete 100% roll out. Expand pancreatic screening. CT scanning for Abdo pelvis SFH Increase mobile provision in areas of low uptake	Continuation of phase 4	Develop further plans.	Develop further plans.

Learning Disabilities (LD) and Autism

Current state: Our challenges

- There are too many autistic adults and adults with learning disabilities being admitted to hospital as their needs are not being met in the community
- The length of stay in hospital is longer than clinically needed, causing pressures in services and worse outcomes for patients
- There are long waiting times for an Autism and ADHD assessment and diagnosis, with limited waiting well and post-assessment support, which means that people are not receiving the support they need
- There is a growing need for more specialist housing and accommodation provision for adults with complex needs
- There are growing numbers of autistic people in mental health services requiring care and support and an environment that meets their needs
- Autistic people and those with learning disabilities experience significant health inequalities, including having poorer health outcomes and a lower life expectancy than the general population. These are linked to barriers in accessing services linked to a failure to meet communication and sensory needs and make reasonable adjustments
- Pathways for autistic people are unclear and fragmented
- The reviews of the learning from the Lives and Deaths of people with learning disabilities and autistic people (LeDeR) are not embedded into system and service improvements
- Finances are a significant challenge for all system partners

Future state: Our ambition

- There will be an enhanced community model in place to provide support to enable people to live independently in the community and to provide early support and a crisis response to avoid hospital admission
- People will only stay in hospital for the time they need to, with partners working together to identify and act upon any housing and support needs to enable people to go to the place they call home as soon as they are ready
- An improved ADHD and Autism pathway and support offer
- Annual Health checks will continue to be delivered, sustaining the progress that has been made over the last two years to ensure that as many people with learning disabilities as possible receive a health check and that the health check is carried out to a high standard leading to positive health outcomes
- Reviews undertaken as part of the LeDeR programme are of a good standard and influence system and service improvements
- A skilled workforce able to meet the needs of autistic people and people with Learning Disabilities.
- Services will make reasonable adjustments which will be identified and shared through the use of the Reasonable Adjustments Digital Flag.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Community model of support with skilled workforce and providers who are able to meet complex needs	Specialist residential and supported living schemes have been developed. Specialist roles in place.	Review services for people with learning disabilities and autistic people	Implement recommendations and learning from the pathway review	Monitor improvements and review priorities	Monitor improvements and review priorities	Monitor improvements and review priorities
A responsive early support and crisis response offer so that hospital admissions are avoided	Unplanned care model is in place to avoid hospital admissions. All-age Dynamic Support Register in place	Review of Intensive Community Assessment and Treatment Team (ICATT), Orion Unit and Day service	Implement recommendations from the ICATT, Orion Unit and Day services review	Monitor improvements and review priorities	Monitor improvements and review priorities	Monitor improvements and review priorities
At least 75% of people with learning disabilities have had a good quality annual health check	The ICB is forecasting to achieve 82% by 31st March 2025.	Sustain annual health checks Quality audit developed to ensure consistent standards	Promote the uptake of annual health check and undertake annual quality audits of checks	Promote the uptake of annual health check and undertake annual quality audits of checks	Promote the uptake of annual health check and undertake annual quality audits of checks	Promote the uptake of annual health check and undertake annual quality audits of checks
LeDeR reviews are carried out to a high standard and learning is embedded	Reviews carried out within timescale Annual report is published identifying key themes	Audit LeDeR reviews and implement learning into commissioning plans	Promote the LeDeR reviews and implement learning into commissioning plans	Promote the LeDeR reviews and implement learning into commissioning plans	Promote the LeDeR reviews and implement learning into commissioning plans	Promote the LeDeR reviews and implement learning into commissioning plans
A clear and responsive pathway for autistic people, those with ADHD and people with Learning Disabilities that is clearly communicated to people	Autism strategy in place and is being refreshed. A Joint Strategic Needs Assessment (JSNA) developed	Implement the recommendations from the JSNA and refresh the autism strategy. Develop a LD JSNA and Strategy	Implement the recommendations of the autism strategy and implement the recommendations of the LD JSNA and Strategy	Monitor improvements and review priorities	Monitor improvements and review priorities	Monitor improvements and review priorities

Safeguarding

Current state: Our challenges

- Partnership working on safeguarding and promotion of the health and welfare of children, young people and adults needs to be strengthened.
- Learn from local and national safeguarding rapid reviews, child safeguarding practice reviews and Safeguarding adult reviews including Domestic Homicide Reviews to improve outcomes.
- No system approach to capturing the voice of children, young people and adults to improve the experiences in all areas of care
- Lack of specialist provision for domestic abuse survivors within primary care.
- Increasing numbers of referrals into the domestic abuse Multi-Agency Risk Assessment Conference.
- Appropriate access and identification of asylum seekers and survivors of trafficking and modern slavery.
- Child sexual exploitation and abuse across the system and increase in contextualised safeguarding.
- Assessing and authorising within the community – in patients' best interest and least restrictive options. Deprivation of Liberty Safeguards not fully embedded across community teams.
- Children being cared for in inappropriate settings.
- Implementing the new duties around serious violence and the Domestic Abuse Act 2021 within the ICB and prepare for future duties in the Victims and Prisoners Bill.
- Developing data to evidence safeguarding assurance across the system.

Future state: Our ambition

- The ICB Safeguarding Children team will work to deliver the plan across the system and in conjunction with the local agendas for safeguarding children and young people.
- Survivors of domestic abuse are identified and appropriate support provided.
- Survivors of modern slavery and trafficking identified within the system and appropriate support given. Those who lack capacity within the community are supported to make decisions and live their lives with the appropriate care and support.
- The ICB is a valued contributor to the Violence Reduction Partnership and meets our Serious Violence Duties.
- We have reliable data which supports the identification of emerging themes and gives assurance around statutory duties being met across the system.
- Ensure there is safeguarding connectivity across the ICS with the NHS agenda.
- We will work with partners across the ICS and other areas to ensure children and young people are in the most appropriate setting, receiving the right services at the right time, to improve outcomes.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Children and young people will receive the right care, in the right setting, at the right time.	Developed D2N2 appropriate care settings for children and young people.	Continued development of D2N2 appropriate care settings	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Develop and enhance transitional safeguarding.	Development of transitional safeguarding.	Integral member of Adult and Children Safeguarding Boards/ Partnerships	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Embedding a trauma informed approach across the system.	Data informed approach in place. Local NHS role in Serious Violence Duty and Domestic Abuse Act 2021 defined.	Fully integrated approach with primary care for domestic abuse that includes children as victims. Refine process for survivors of child sexual exploitation and abuse.	Data dashboard implemented	Ongoing developments towards model of integrated, data informed approach.	Fully integrated, data informed approach.	Develop further plans.
Working with our partners to improve outcomes for children in local authority care.	Children leaving care have a comprehensive leaving care plan.	Processes embedded for children in care/looked after children to have their health assessments completed in a timely way.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Support provided to adults in the community.	Mental Capacity Act cohort identified and risk profiled to proceed in the patients' best interests and least restrictive option.	Rolling programme of training provided. Monthly meetings with case managers to identify cases needing progression.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Working with people and communities

Current state: Our challenges

- While we have a strong foundation of listening to and working with our population and have made good progress of embedding this into our system forums, this is not consistent and not fully implemented.
- We have made good progress in moving from an episodic approach based around service change proposals to a continuous listening programme but this needs more work to be shared across the whole system.
- The opportunity presented by the formation of the ICP and our even closer working with local authority and other partners needs to be fully maximised to the benefit of the NHS and our population.
- We are not maximising the assets that all of our partners have across the whole health and care system and have not yet fully realised the opportunities we have through our ICP to hear regularly from our population to feed into our decision-making arrangements.
- The embedding of our co-production approach requires a significant culture change for our staff across the system.

Future state: Our ambition

- Our citizen Intelligence approach is fully embedded across all system partners. Our starting point for all consideration of how we deliver services starts with insights from our population on what services they value, how they want to access them and how they are best delivered.
- Co-production is embedded as default across the system - people with lived experience have an equal voice in all aspect of service development and change. These population insights are jointly gathered by all NHS and wider partners and freely available to all organisations within our system and also our residents.
- We consistently measure and monitor satisfaction with the health and care services we deliver and feedback on where we can do better or build on positive examples. This guides our focus.
- Staff know how to share their insights on how services can be better tailored for our population and how to signpost local people to get involved in improving their services.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Insights hub.	Co-design new hub model with partners	Ongoing development of the Insights Hub to increase members and insight reports	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Citizens panel	Evaluation of panel and development of mechanisms at Place	Recruit additional 800 panel members	Evaluation	Develop further plans.	Develop further plans.	Develop further plans.
Coproduction	Review and roll-out of training offer.	Develop appropriate data and local intelligence to continue to embed cultural change	Ongoing oversight of all co-production activity as part of Integrated Care Strategy commitments	Develop further plans.	Develop further plans.	Develop further plans.
ICP and ICB reports	Ongoing annual and periodic reports	Ongoing annual and periodic reports	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Service change	Support the Strategic Development activity for the Tomorrow's NUH programme.	Deliver public engagement and consultation as required.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Broader social and economic development

Current state: Our challenges

- Across the 10.8 million population in the midlands, healthy life expectancy at birth is notably lower in compared to the England average, with women in Nottingham living only 57.1 years in good health.
- Economic inactivity due to long-term health issues has increased by 400,000 since 2019, with 53% reporting mental health conditions.
- In 2022/23, 22% of 16–64-year-olds in the midlands were economically inactive, with a quarter due to long-term sickness.
- The top causes of disability in the midlands include lower back pain, depressive disorders, and neck pain, affecting younger adults.

The Integrated Care System (ICS) is committed to tackling disparities and help the NHS support broader social and economic development – the 4th aim of our ICS.

We haven't taken a structured programme approach to delivering the aims we set and the key actions we need to complete. Instead, existing ICS groups have been responsible for delivering their elements. Whilst this has been a practical solution for the past 2 years, it hinders our ability to track meaningful progress and measure impact.

The East Midlands Combined County Authority (EMCCA) has also expressed a desire to focus on similar ambitions to our ICS 4th aim, providing an opportunity to work across our ICS boundary with neighbouring ICS, "Joined Up Care Derbyshire".

Future state: Our ambition

- We understand and harness the power we have for anchor roles.
- We have transitioned from focusing on NHS anchor institutions to creating anchor systems, to ensure strategic alignment among our organisations to enhance community health and economic outcomes.
- We have a vibrant, multi-partner programme of work delivering wider social and economic growth concentrating on:
  - Theme 1: Net Zero ICS (the existing Net Zero programme will be subsumed here)
  - Theme 2: Health and Work
  - Theme 3: Economic Growth for Social Value
- We work with EMCCA, in our ICS but also taking opportunities to amplify learning with our neighbouring ICS in Derby and Derbyshire.
- Agreement of a collective procurement social value strategy for ICS partners, gaining efficiencies from our combined purchasing power, and supporting sustainability and social value in our communities by March 2024.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Programme Approach	New for 2025/26	Programme governance established. Outcomes and Measurement mechanism identified with defined baseline.	Measurement of programme delivery. Refine as appropriate	Measurement of programme delivery. Refine as appropriate	Measurement of programme delivery. Refine as appropriate	Measurement of programme delivery. Refine as appropriate
Building strong partnership working	Universities for Nottingham Civic agreement approved across all organisations party to the agreement	Programme priorities for implementing the Civic Agreement identified. Active participation in Anchor networks.	Continue to mature partnership working	Continue to mature partnership working	Continue to mature partnership working	Continue to mature partnership working
Net Zero ICS Programme Theme	This work sits as a separate delivery programme, page 37					
Health and Work Programme Theme	New for 2025/26	Mapping of NHS initiatives. Participation in Health and Work Collaborative. Work with targeted communities to reduce worklessness.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Economic Growth for Social Value Programme Theme	New for 2025/26	Create pipeline of young people that will grow into roles within organisations. Review of opportunity for Tomorrow's NUH plans.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Greener NHS / Sustainability

Current state: Our challenges

- Our ICS Green Plan runs from 2022 to 2025.
- Limited carbon emission data is available. Indicative data suggests we have stopped the increasing trajectory of our carbon footprint given the increase in activity we have but are not decreasing it to a level required ot reach NHS net zero by 2040.
- Our 2025-2028 ICS Green Plan is being drafted and will build on the individual plans/ strategies of our health and care partners.
- Organisations have refreshed their plans, have strong stakeholder buy-in and are delivering well within the confines of their organisation, and we endeavour to amplify learning gained at a system-level.
- The trajectory to carbon net zero cannot be achieved without the buy-in of clinicians and service users, and we are now held up as an exemplar ICS for sourcing clinical capacity to lead this work.
- We are starting to bring together our strategies and programmes across the ICS for Net Zero, infrastructure, and the ICS 4th Aim.

Future state: Our ambition

- Our carbon net zero journey is clinically-led, managerially delivered.
- Healthcare and the councils work as one to deliver their net zero targets.
- We work across ICS and public sector boundaries when we identify opportunities.
- Local people are empowered – they know the steps they can take to reduce their own footprints - and take hem.
- Local people travel more 'actively'; relying less on cars, preferring walking, cycling or taking public transport instead.
- All our sites (where possible) have green spaces supporting wildlife and biodiversity, and supporting the wellbeing of local people and staff.
- Staff are empowered to make changes and reduce waste in their own work areas.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Deliver our ICS Green Plan.	Delivered > 90% of objectives. Regarded as a high performing system by NHSE Single Programme Director operating across ICS Net Zero, and Infrastructure,	Refresh/refine ICS Green Plan for 2025-2028. Annual delivery plan agreed and implemented.	Annual delivery plan agreed and implemented.	Annual delivery plan agreed and implemented.	Refresh/refine ICS Green Plan for 2028-2031. Annual delivery plan agreed and implemented.	Annual delivery plan agreed and implemented.
Securing and embedding clinical/ professional leadership and design for sustainable services.	Set up Faculty for Clinical Sustainability, supporting clinicians and managers early in their careers to make a difference. Held up as a national exemplar for our clinically-led sustainability approach	Working with our Universities, grow our faculty for Clinical Sustainability, complementing it with managerial capacity. Staff across all organisations are empowered to make changes, reducing waste in their work.	Faculty for Sustainability embedded and priorities defined for next 3 years. Increased influence to change clinical training syllabi to incorporate sustainability training.	Delivery of faculty priorities	Delivery of faculty priorities	Delivery of faculty priorities
Achieve national NHS Net Zero targets.	Continue with delivery - strengthen with primary care focus.	Refine delivery to ensure annual objectives are covered.	Refine delivery to ensure annual objectives are covered.	Achieve 80 net zero for NHS footprint emissions. Refine delivery to ensure annual objectives are covered.	Refine delivery to ensure annual objectives are covered.	Refine delivery to ensure annual objectives are covered.

Quality Improvement

Current state: Our challenges

- No collective framework to utilise quality improvement (QI), transformation and how this relates to system efficiencies or performance delivery.
- Mixed QI approaches exist within the system and partners with no central understanding of interdependencies for the impact.
- No collective understanding within the system to enable developing levels of expertise and skills to undertake QI in conjunction with local needs or involvement with the population.
- No clear evidence of co-production principles/ opportunities with patients/clients/families and how this informs the priorities for QI.
- Benchmarking and aim correlation for QI does not always align with data insights from our current data collection schedules.
- Existing quality challenges do not directly link to programmes of QI with measurable outputs.
- Limited learning within the system to enable the adoption and spread of QI inventions where appropriate and embed improvement into the management systems and processes.

Future state: Our ambition

- QI, transformation and efficiencies impacts are understood within the system which drives improvement decision making in a shared vision.
- Systematised QI learning and programmes platform accessible within the system allowing for individual system partners priorities with understanding of collective population benefits.
- QI approaches occur within the system and partners with scoping, supporting levels of expertise to undertake QI are clearly defined and understood to deliver locally.
- System and clinical leadership align to enable and embed ethos that QI is a 'second job'.
- Co-production continues to be a tenet of all QI programmes and this informs QI priorities.
- System agility and agreed QI responses to emerging quality challenges with known measurable outputs becomes ‘normalised’.
- Shared and spread learning of evidence-based, high impact improvements, to be embedded into improvement management systems and processes.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Developing the shared purpose and vision related to quality improvement initiatives.	Development of shared vision by scoping and reporting using the framework of NHS IMPACT and feedback of system partners underway.	Build shared vision using NHS IMPACT and feedback from system partners. Framework to be adjusted to align with transformation programmes impact on population.	Monitor and adjust to align with transformation and improvement programmes as system position collectively matures.	Monitor and adjust to align with transformation and improvement programmes as system position collectively matures.	Monitor and adjust to align with transformation and improvement programmes as system position collectively matures.	Monitor and adjust to align with transformation and improvement programmes as system position collectively matures.
Developing our approach to leadership and culture to embed a QI approach.	System approaches informed by QI building on population engagement networks.	System quality improvement offers and scoping to enable system communities to benefit from a systematised NHS IMPACT Approach.	Monitor and adjust as QI and transformation of services embedded into management systems and processes approach.	Monitor and adjust as QI and transformation of services embedded into management systems and processes approach.	Monitor and adjust as QI and transformation of services embedded into management systems and processes approach.	Monitor and adjust as QI and transformation of services embedded into management systems and processes approach.
Building improvement capacity and capabilities, including benchmarking programme.	Alignment of ICS data insights leading to processes to support QI learning capacity and capabilities.	Evidence base developed. Focus on transformation priorities and alignment of capacity and capabilities to undertake QI informed by insights.	Progress check. Use QI programme developments to redefine or reprioritise year three to five ambitions.	Progress check to inform and adjust priorities. System demonstrates alignment of QI programmes, individual organisations and across sectors.	Progress check to inform and adjust priorities. System demonstrates alignment of QI programmes, individual organisations and across sectors.	Progress check to inform and adjust priorities. System demonstrates alignment of QI programmes, individual organisations and across sectors.
ICS commitment to coproduction Informing QI work.	Arrangements for population engagement confirmed. Work underway to embed QI into management systems and processes.	Codesign and coproduction embedded in QI programmes. Embed QI in management systems and processes.	Monitor and adjust to align feedback of QI programmes and projects’ impact.	Monitor and adjust as system position collectively matures.	Monitor and adjust as system position collectively matures.	Monitor and adjust as system position collectively matures.

Finance

Current state: Our challenges

- **Underlying financial deficit** – all NHS partners within the system carry underlying deficits, annually managed through non-recurrent means. This has continued in 2024/25 due to under delivery of planned recurrent savings and in year unplanned pressures.
- **Productivity and efficiency** – through the pandemic, efficiency schemes and expectations were stood down and since then system partners have struggled to get the same efficiency as we have had previously. The system has seen a 20% increase of staff in post since March 2020 without a commensurate increase in activity. The significant reduction was made in 2024/25, and the plan for 205/26 expects a continue reduction in workforce to improve productivity.
- **Shape of spend** – the system strategy is based on shifting costs by investing in preventative services and providing care closer to home. This has not been seen in reality with continuing growth in acute hospital services due to continuing urgent care pressures.
- **Capital availability** – system capital funds are scarce and have historically been used to support business as usual maintenance and replacement, relying on national funds to support larger strategic priorities. This has led to some local priorities remaining unfunded for some years.

Future state: Our ambition

- **Financial sustainability** – return to financial balance in year two and achieve recurrent financial balance by end of year three through improved productivity and efficiency, and transformation of services to ease the burden on urgent care services. This will provide improved services for local people and staff and allow for future investment in ICS priorities.
- **Productivity and efficiency framework** – we will implement a framework that will ensure delivery of productivity and efficiency opportunities. The framework looks at clinical transformation, workforce productivity and operational efficiency.
- **Investment in prevention and tackling health inequalities** – £4.5m recurrently invested in health inequalities in 2023/24. Funded schemes remain in place. Additional investment paused in 2024/25 to focus on affordable financial position. Ambition remains to grow this investment further in future years alongside a focus prioritising existing resources to support prevention and equity. Continued further £4.5m investment in plan for 25/26
- **Capital resources used to support strategic aims** – ensure a considerable proportion of the system capital envelope is used to support agreed strategic priorities, improving services and providing better outcomes, access and experience for staff and local people.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Financial sustainability	Reduced underlying deficit	Improving the recurrent underlying deficit Deliver in year balance	Deliver recurrent financial balance. Create headroom to provide resilience	Develop further plans.	Develop further plans.	Develop further plans.
Investment priorities	Embed and evaluate impact of 2023/24 priorities	Increasing investment in prevention and equity 0.4% cumulative	0.6% cumulative	1% cumulative	1.4% cumulative	Develop further plans.
Capital investment	Increasing capital usage to support strategic aims Min. 10%	Increasing capital usage to support strategic aims Min. 15%	Min. 20%	Min. 25%	Min. 25%	Develop further plans.

Strategic estates

Current state: Our challenges

- Together, the public estate in Nottingham and Nottinghamshire covers 896 points of provision.
- Health care is provided out of 216.
- We have now created a 10-year ICS Infrastructure strategy. This strategy documents what our health infrastructure is and how we wish to use this in the future.
- The strategy complements, but does not cover, infrastructure held by our local authority, police and fire services partners.
- We are now clear how our estate is segmented as Core, Flex, and Tail (see below)
- We still have insufficient capital to address all backlog maintenance and strategic needs.
- The lack of route to decarbonise some of our estate means we are now staying to attract fines for exceeding our carbon emissions limits.

***Core** - excellent condition; utilise to the max*
***Flex** - strategically ideal, may require investment, utilise to the max where possible*
***Tail** - not fit for purpose or does not align with our strategic requirements*

Future state: Our ambition

- Services are located based on need rather than historic arrangements, promoting sustainable travel.
- Co-location of complementary services wherever possible.
- Our Core estate is fully utilised.
- Our Flex estate has an investment plan to support maximum utilisation.
- Create a combined estate which is fit for purpose, big enough to cope with fluctuating demand, but no bigger than necessary.
- We have a clear disposal of land and buildings pipeline
- The cost of premises management is kept to a minimum.
- All our buildings are as carbon-efficient as possible.
- National Rehabilitation Centre (NRC) opportunities are maximised.
- Tomorrow's NUH plans remain part of our focus for the future.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Develop an ICS infrastructure strategy.	Draft joint ICS Infrastructure Strategy (ISS), and identified the programme needs to deliver it.	Programme to deliver the ISS in place. Priority workstreams : * Utilisation assessments across all estate * Professional services hub options appraisal will deliver better quality and financial savings	ISS Delivery Plan refreshed: Core annual delivery requirements for utilisation, workforce development, and capital investment implemented	ISS Delivery Plan refreshed: Core annual delivery requirements implemented	ISS Delivery Plan refreshed: Core annual delivery requirements implemented	ISS Delivery Plan refreshed: Core annual delivery requirements implemented
Rationalise our ICS estate.	Estate categorised as Core, Flex, and Tail. First phase of disposals identified and process to dispose in progress.	Provider Collaborative leading the process of identification and delivery of a disposal pipeline for our acute and community/mental health estate.	Utilisation assessment and transformation schemes identify 'Tail' condition properties for disposal. Potential for AI to streamline infrastructure is becoming clear / used to inform space requirements	Hand back or dispersal of properties.	Hand back or dispersal of properties.	Hand back or dispersal of properties.
Support 'One public sector estate' OPE approaches.	OPE programme reinstated. Formation of the East Midlands Combined Council Authority has provided a much-needed framework on which to drive opportunity analysis.	Participate in OPE, looking for opportunities that align with our ISS, plans for economic development (part of our 2025-2026 4th Aim Programme), and our ICS Net Zero plans.	To be confirmed – based on national One Public Estate priorities	To be confirmed – based on national One Public Estate priorities	To be confirmed – based on national One Public Estate priorities	To be confirmed – based on national One Public Estate priorities

Research

Current state: Our challenges

- Better aligning the research that is undertaken and the research strengths, expertise and infrastructure of the ICS to the principles and priorities of the Integrated Care Strategy.
- Equity of access to place-based research opportunities with research being delivered where population need is greatest.
- Ensuring that all communities are able to be actively involved in population health and care research including shaping, involvement and participation so that research is representative of our underserved and diverse communities and everyone can benefit.
- Embedding research into everyday practice through opportunities for the workforce to be involved in research as part of their usual roles or to develop a research career.
- Systematically using the evidence from research to inform decision making.

Future state: Our ambition

- Partners from across sectors working together, including NHS providers, Local Authorities, VCSE Alliance, University of Nottingham, Nottingham Trent University, the local National Institute for Health and Care Research (NIHR) infrastructure and Health Innovation East Midlands.
- Our ICS Research Strategy vision is that in five years' time our ICS will have an integrated and supportive research environment, clearly aligned with system priorities, that ensures improved outcomes and reduced health inequalities for our local population and efficiencies for our health and care system.
- Our four strategy pillars are population, workforce, system and implementation.
- We will undertake research to improve the health and care outcomes and reduce the health inequalities of our local population.
- We will support our workforce to drive and deliver research in a culture where research is everyone's business.
- We will maximise the collective capabilities and strengths of the system through collaboration and shared infrastructure.
- We will increase the implementation of research outcomes that shown to improve health and care.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Develop an ICS research strategy.	ICS Research Strategy agreed. Plan and mechanisms in place to operationalise it.	Continued implementation of Research Strategy with partners	Continued implementation of Research Strategy with partners	Continued implementation of Research Strategy with partners	Continued implementation of Research Strategy with partners	Continued implementation of Research Strategy with partners
Better align research to the Integrated Care Strategy	Development of a pipeline of research projects underway	Develop a competitive ICS research grant proposal that aligns to ICS priorities with a focus on prevention	Continue to develop a pipeline of research projects. Continued development of mechanisms to support awareness of and engagement with research activity across the system.	Develop further plans.	Develop further plans.	Develop further plans.
Increasing the diversity of those involved in research.	Complete Research Engagement Network Programme and develop sustainability plan.	Further develop the Research Engagement Network and evaluate	Embed learning and ways of working	Develop further plans.	Develop further plans.	Develop further plans.

Innovation

Current state: Our challenges

- Whilst we have been successful in attracting innovation funding, through successful applications, there is no dedicated funding earmarked for innovative projects.
- Allowing system partners the headspace, opportunity and confidence to consider trialling new options is a challenge. It is often easier to stick with tried-and-tested approaches rather than considering something new – this is understandable but can be restrictive.
- Silo working has been broken down through integration but can still be improved through collaboration around innovative projects.
- Health inequalities, equity of access, and effective patient communication can be further improved through innovative approaches.

Future state: Our ambition

- Building on existing strong foundations, in order to further fulfil the ICB's duty to promote innovation in line with NHS England guidance (page 16 Guidance on Updating the Joint Forward Plan for 2024/25) .
- To build on existing connections and cooperation across the ICS, combined authority and wider region, i.e. the ICB, PBPs, primary care, providers, local HIN (Health Innovation East Midlands, Local Authorities, VCSE Alliance, local universities, NIHR and neighbouring systems.
- To attract new investment into the ICS through true system working and the creation of effective business cases, expressions of interest, bids and project assessment forms.
- To help reduce health inequalities and inequity through our continued and combined focus on health innovation.
- Whenever possible, to consider and investigate innovative solutions to develop new prevention strategies and systems.
- To increase the spread and adoption of innovative solutions to help improve health outcomes for all.

SUMMARY of what we intend to do over the next 5 years

What	2024/25 Progress	2025/26	2026/27	2027/28	2028/29	2029/30
Collaborative working to increase the spread and adoption of innovative systems and devices into pathways.	Dedicated ICB/ICS Health Innovation Programme manager built on links with local HIN and system partners.	Continue to strengthen existing links and continue to introduce innovative solutions into the ICS.	Continue to strengthen existing links and continue to introduce innovative solutions into the ICS.	Continue to strengthen existing links and continue to introduce innovative solutions into the ICS.	Continue to strengthen existing links and continue to introduce innovative solutions into the ICS.	Continue to strengthen existing links and continue to introduce innovative solutions into the ICS.
Ensure that innovation is linked to aims of ICB / ICS Strategy	Dedicated innovation lead joined key strategic meetings and strengthened relationships with stakeholders throughout the ICS.	Ensure that ongoing innovation aims are in line with those of system partners, e.g. long term care team, Place Based Partnerships..	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.
Increase opportunities to secure funding dedicated to innovation projects.	Health Innovation Programme Manager discussed the concept of HIN innovation exchanges with dedicated funding, and successfully helped to secure funding for several projects.	Ongoing collaboration with local HIN, to discuss areas in line with ICS priorities, e.g. community care, frailty etc. Hopefully with associated potential funding.	Develop further plans.	Develop further plans.	Develop further plans.	Develop further plans.

Key

	Delivery Confidence
Red	Off track to deliver in 2024/25 (major) e.g. • High impact on direct patient care • High negative impact on addressing health inequalities • High impact on provider / partner resilience in one or more sectors • High impact with likely adverse publicity / reputational damage / loss of regulator confidence • High effort. Significant capacity/contractual issues. • High-cost impact, adverse financial impact on the system control total
Amber	Off track to deliver in 2024/25 (minor) e.g. • Medium impact on patient care limited to scope of contract • Medium negative impact on addressing health inequalities • Medium impact on specific provider / partner • Medium impact with likely adverse publicity / reputational damage / reduction in regulator confidence • Medium effort. Some capacity/contractual issues. • Medium cost impact, adverse financial impact on the system control total
Green	On track to deliver in 2024/25 e.g. • Minimal or no impact on direct patient care • Minimal or no negative impact on health inequalities • Minimal or no impact on provider / partners • Minimal or no impact on reputation • Minimal or no issues with delivery • No or low-cost impact, impact over limited geographical area

2024/25 Recovery Plans

Programme	Action	Mitigation	Action Owner
Place Based Partnerships	Place responsibilities and assurance models established. Recurrent transformational resources established	Lack of published national guidance impacted on this action. Neighbourhood Guidance now issued. The development of Place maturity has been reprofiled into 2025/26.	Place Based Partnership Programme Director

Nottingham City Health and Wellbeing Board

Agreed on 26 February 2025

“The Nottingham Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire takes full account and outlines the ICB’s contribution to the delivery of the Nottingham Joint Health and Wellbeing Strategy.”

Nottinghamshire County Health and Wellbeing Board

Agreed on 5 March 2025

“The Nottinghamshire Health and Wellbeing Board is satisfied that the NHS Joint Forward Plan for Nottingham and Nottinghamshire takes full account and outlines the ICB’s contribution to the delivery of the Joint Health and Wellbeing Strategy.”

Delivering our NHS Commitments

The Integrated Care Board (ICB) has led the development of an ambitious and credible 2025/26 NHS operational plan which covers the whole population of Nottingham and Nottinghamshire. The plan supports delivery of the local priorities set out in the Integrated Care Strategy and the refreshed NHS Joint Forward Plan.

It also supports delivery of the national priorities as set out in the NHS England 2025/26 Priorities and Operational Planning Guidance, published on 30 January 2025. It balances the immediate pressures of today with a 10 year vision for the future and includes:

1. Focussed objectives including Elective Care, Primary Care, Urgent and Emergency Care, Mental Health, Efficiency and Productivity
2. ICBs and providers must develop and submit robust, appropriately triangulated, and deliverable operational, workforce and finance plans
3. Streamlined planning submissions including 27th February (HEADLINE plans) and 27th March (FULL plans).
4. NHSE / ICS reviews between submissions, and a Board to Board in April to sign off plans. Boards to 'check and challenge' plans and sign 'assurance statements'

In delivering on these priorities for patients and service users, ICBs and providers must work together, with support from NHS England, to:

1. drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future. For 2025/26 we ask ICBs and providers to focus on:
    - reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
    - making full use of digital tools to drive the shift from analogue to digital
    - addressing inequalities and shift towards secondary prevention
2. live within the budget allocated, reducing waste and improving productivity. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity
3. maintain our collective focus on the overall quality and safety of our services, paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of 'Three year delivery plan', and continue to address variation in access, experience and outcomes

The ICS is expecting the final version of the NHS operational plan to be compliant with these national objectives. In the few areas where there remains a challenge to meet the national objective the ICS will continue to push hard for achievement in year. The ICS has made significant progress improving local operational performance, quality and safety, however there remain areas for continued focus in 2025/26:

- The elective waiting list has remained static despite delivering 18% more value weighted activity compared with 2019/20.
- There has been significant growth to in ED attendances (4.5%) and Non-elective 1 day + admissions (6.5%) with significant differential between South and Mid Notts which has placed the system under severe pressure in the context of funding / capacity constraints.
- There has been a real terms reduction in the pay bill, supported by strong progress reducing agency spend and bank. Further work is required to right-size the substantive workforce.
- Positive progress delivering the £257m efficiency programme, however significant challenge remains in Q4. The ICS has improved implied productivity, but further improvements are required.
- 2025/26 financial allocations are expected to be extremely challenging requiring high levels of efficiency delivery and real-terms reduction in system spend

Partners have agreed ambitious financial plans for 2025/26 in response to significant financial sustainability challenges across the system. The financial challenge is expected to be considerable, requiring real-terms reduction in spend and efficiency delivery of c. £250m (6%). In addition to the Fully Year Effect (FYE) savings, we are targeting £100m from system-wide transformation, £100m from organisational productivity and efficiency and £25m through review of commissioned services

These NHS commitments will be delivered through the following ongoing and emergent actions and interventions over 2025/26 across our NHS partners and in collaboration with our wider partners and communities.

Threaded throughout our collective response to these NHS delivery requirements as well as our transformational agenda will be the core strategic principles of **equity, integration and prevention.**

Appendix C. What we will deliver in 2025/26

Shifting care from hospital to closer to home…….

Optimise Out of Hospital Care

- Reduce Non-Elective Admissions: Achieve a 10% reduction through proactive local team empowerment and community-driven strategies.
- Strengthen Integrated Neighbourhood Teams: Enhance community health and wellbeing through integrated, proactive care delivery.
- Transform GP Workforce: Radically innovate recruitment, retention, and workforce models to address primary care challenges.
- Improving same-day access to primary care services, Promote the use of pharmacy-first approaches for minor illnesses.
- Optimise and Redesign Care Services: Redesign and reprocure community services, and streamline referral support for efficient, cost-effective care.
- Review and Align ICELS and Equipment: Ensure community equipment services (e.g., wheelchairs, continence supplies) are financially efficient, fit-for-purpose, and system-aligned.
- Implement the Nottingham and Nottinghamshire three-year Integrated Mental Health Strategy.

Enhanced Need Care for Frailty and People with complex needs

- Improve Frailty Management: Increase clinical frailty scoring, establish frailty registers, and enhance personalized care planning for moderate-to-severe frailty and end-of-life care.
- Focus on Prevention and Early Intervention: Prioritize falls prevention, early COPD/hypertension screening, diabetes monitoring, and wellness initiatives addressing isolation, smoking, and healthy lifestyles.
- Leverage Technology for Care Delivery: Use digital tools to streamline care processes and enhance system-wide delivery.
- Combat Social Isolation: Implement programs like "Best Years Hub" to reduce loneliness and frailty in older adults through social engagement.
- Strengthen Integrated Neighbourhood Teams: Set strategic direction for community-focused, coordinated care, emphasizing proactive and preventive approaches to frailty.

Streamline Urgent Care and Rapid Access Pathways

- Implement UCCH for improved patient flow at the hospital front door.
- Expand Same Day Emergency Care (SDEC) pathways and Virtual Ward (VW) services.
- Establish a co-located Urgent Treatment Centre (UTC) at QMC for better access and streamlined pathways.
- Enhance System-Wide Urgent Care Response: Develop a two-hour Urgent Community Response (UCR) framework. Strengthen UCR and create an Integrated Single Point of Access for coordinated care delivery.
- Reduce Delays and Improve Efficiency: Achieve 45-minute ambulance handovers and optimise PTS (Patient Transport Services) demand and capacity. Align system capacity by redesigning and reprocuring P1 and P2 pathways, ensuring timely social service assessments.
- Reduce non-elective admissions by 9% and 90-day readmissions by 30%.Standardise and optimise weekday and weekend discharges to improve patient flow.
- Standardise and optimise discharge support for mental health patients. Enhance urgent and emergency mental health care pathways.

Reforming Elective Care

- Optimise Elective Pathways: Reduce follow-ups through patient-centered decision-making and PIFU (Patient Initiated Follow-Up).
- Redesign pathways for MSK, ENT, eye health, and gynaecology; expand community care for dermatology, urology, and gastroenterology.
- Improve Efficiency and Productivity: Implement GiRFT recommendations to enhance theatre productivity and perioperative health screening.
- Maximise diagnostic resources by reducing unnecessary tests, rolling out CDCs, and expanding GP direct access.
- Meet National Standards: Achieve national elective access targets (65% within 18 weeks RTT). Implement the National Cancer Plan locally for earlier diagnosis and improved outcomes, extending TLHC programmes.
- Leverage Technology and Resources: Use AI and digital technology to enhance patient-centered care. Align shared waiting lists, workforce plans, and physical resources across elective hubs for better collaboration.

Appendix C. Shifting care from treatment to prevention and supporting the building blocks of health.

- Delivering “Keeping Children Safe and Helping Families Thrive: Keeping Children Well and Healthy”
- Delivering “Keeping Children Safe and Helping Families Thrive: Keeping Children Safe”
- Tackle obesity*
- Tobacco cessation*
- Vaccination and Immunisations
- Delivering our Net Zero Plan
- Promote exercise and ‘moving more’*
- Social Isolation and Loneliness including addressing digital literacy and confidence
- Promoting self care and independence including rehabilitation and reablement
- Proactive case finding (people with additional and complex needs, long term conditions including dementia, CVD, COPD, respiratory illness, cancer, diabetes)*
- Support appropriate Housing*
- Develop our collaboration on social value
- Promote Good Work and Employment*

*Prioritised in our Integrated Care Strategy

Appendix C. Shifting from analogue to digital.

Our innovative Digital Notts programme aims to connect health and care information across Nottingham and Nottinghamshire – for the right person, at the right time and place, to help make the best decisions. Always. Our plans can be found on the Digital Notts website https://digitalnotts.nhs.uk/

Implementation of our 5 year Data, Digital and Technology Strategy in October 2023 and underpinning five strategic priority programmes which are Public Facing Digital Services (inc. Technology Enabled Care), Digital Inclusion, Frontline Digitisation, Interoperability and intelligence led decision making.

Frontline Digitisation

Electronic Patient Records (EPR) implementation - EPR implementation is one of the biggest digital transformation programmes the NHS as seen. All three Trusts are on this journey and a significant amount of digital, operational and clinical resource is required to ensure that the programme is a success.

Commercial, Infrastructure and service delivery

The Nottingham IT Managers group are developing a joint procurement and infrastructure priority plan. The first priority is replacing the Wide Area Network (WAN). A significant system wide infrastructure project.

Interoperability

Notts Care Record roll out and optimisation - The Notts Care Record is nearing completion of phase 1 and moving towards phase 2 in the new year which extends the user base and functionality. The programme board will evolve and provide the governance, and a core team needs to be established with funding to support partner development costs.

Public Facing Digital Services

Digital Correspondence / engagement, uptake of Patient Engagement Portals and increase utilisation of the NHSApp – As a system we need to move towards a model of digital as default for all patient correspondence and use patient facing digital services (via NHSApp) to provide a more personalised and convenient healthcare service. This needs to timed with other digital developments (e.g., EPR roll-outs) but there are significant existing opportunities to shift from paper/postal to digital correspondence and from SMS to cheaper alternatives e.g. NHSApp notifications/Comms Annex. Proactive engagement and early digital communication interventions with patients will also reduce queries and phone calls, helping to streamline admin processes.

Supporting Intelligent Decision Making

Our three year data and analytics strategy will launch in April and set out our commitments to support system improvements in (a) population health, (b) flow and performance, (c) quality and safety, and (d) productivity and resource utilisation. Our objectives over the next year focus on ensuring the right intelligence and insight is available to decision-makers across the system to help deliver our shared priorities, increased collaboration with data, analytics and digital teams in partner organisations, improving data confidence across the non-analyst workforce, upskilling our analysts, deploying AI solutions, and making key decisions on local infrastructure going forward, including use of Federated Data Platform (FDP).